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the MENTALLY RETARDED CHILD at HOME

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a manual for parents

LAURA L. DITTMANN

Specialist in Home Training Programs for Mentally Retarded Children, Division of Health Services

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Social Security Administration • Children's Bureau

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Foreword

Undoubtedly many parents share the satisfaction we feel that so much research and practical program effort is being directed toward improving and understanding the problems and needs of the mentally retarded child. But parents have long been seeking more practical information about day-to-day care. It is our hope that this pamphlet *The Mentally Retarded Child at Home, a Manual for Parents* will have such value for parents and for others who work with retarded youngsters.

Those of you who are the parents of a retarded child know better than anyone else what is best for your own child, but many times there is heartache and frustration in not knowing *how to provide* what is best for him.

The Children's Bureau has always had a special interest in handicapped children. This interest centers on reducing to a minimum the effects of their handicaps in order to create the best possible opportunity for a full and happy life. One of the Bureau's first undertakings was a 1915 study of retarded children in the District of Columbia. In publishing this new Manual, the Children's Bureau adds emphasis to its philosophy that each child is entitled to the best help that science and loving care can provide in meeting his particular problems.

Within a period of about ten years a mounting interest about mental retardation has developed. Parent groups have been effectively organized. A great many well-trained people from a number of different fields are directing professional efforts toward brightening the world of the backward child, "the slow learner," and the child whose intellectual endowment does not enable him to participate normally in competitive social life. Heretofore, mothers and fathers have received little help in bringing up their retarded child. Now society is looking with increasing concern at its responsibilities to this child as well as to his parents. After all, the needs of all children are basically the same; it is just that some children must have these needs met in special ways.

It is encouraging that the United States Congress has demonstrated its active interest in the field of mental retardation by appropriating funds for programs. Projects are underway and new ones are being instituted for study of causes, prevention, and cure;

for the development of teaching methods and training programs, as well as means of early detection, more skillful diagnosis, and follow-up care.

The efforts of groups such as the National Association for Retarded Children have resulted in a variety of programs through which we are finding that much of what is already known about child growth and behavior can be readily applied to children who are mentally retarded.

Most of this Manual is devoted to the young child. The first few years of life are so tremendously important for the child; they can be also the hardest for the parents. During these early years the child is gaining the foundation for living with people and learning to cope with life. Attitudes and feelings have tremendous importance in how well each of us use the abilities we have. This is no less true of the retarded child.

Teachers know that the child who is happy at home does much better in school. When the family of a retarded child has taught him good self-help habits early, the school or institution can spend its time training him for other useful tasks. Many problems of adjustment may be avoided for retarded persons in adolescence and adulthood if they have understanding care and wise training in childhood.

The text of this manual was written by Mrs. Laura L. Dittmann, Specialist in Home Training Programs for Mentally Retarded Children, Division of Health Services, Children's Bureau. A variety of professional workers were generous in making suggestions during its writing. Among the fields represented are medicine, child psychology and psychiatry, education, social work, nursing, speech, physical and occupational therapy. In addition, the manual profited by the comments of a number of parents who graciously consented to review it. To all these, the Children's Bureau expresses its sincere thanks.

The Children's Bureau has always profited from the knowledge and experience of parents themselves in utilizing its publications. We welcome comments from any parent who endeavors to use this material.

Katherine B. Oettinger

KATHERINE B. OETTINGER
Chief, Children's Bureau

the MENTALLY RETARDED CHILD at HOME

THE WORD "RETARDED" covers a wide range of behavior and ability. At one year, for example, a retarded child may not yet have good control of his head. He may be unable to take any food except liquids from a bottle. Perhaps his activities include only studying his hands, watching sunbeams as they dance over his crib, and giving a wide smile to anyone who comes near.

Another retarded child at one year may be climbing up on any surface he can get a good grip on, eat many solid foods well, drink liquids from a cup. He may pass unnoticed in a child health conference or pediatrician's office for another year or two. At that time he may only show awkwardness in movements when running or pushing a doll carriage. He might continue to drool long after most children learn to manage saliva well. He may not be talking or responding to playmates like others his age.

Some retarded children can be identified at birth or in the first weeks of life. Others slip along happily through the preschool years and are accepted by everyone, maybe not labeled anything. "Just like my uncle who didn't talk until he went to school." With our more precise ways of measuring the growth of children today, people who know young children well can often see lags in growth more specifically than they used to. To some degree this accounts for what appears to be an increase in the number of mentally retarded children. We know better what to expect, can spot them sooner.

There is another difference. Retarded children differ markedly in how much trouble they are. Some are cooperative, undemanding, quiet and pleasant to live with. Some are wound up like toy automobiles, ready to shoot off the minute they are released. Some sleep a great deal, but the more difficult children may get along on very few hours sleep at night, and take a nap only because mother insists.

The kind of family also may make a difference. If it is a family where books and philosophy are very important, a child's slowness would be more disturbing than it is to a family who welcomes another pair of hands to harvest crops. A family with servants and plenty of money may find it easier to take care of a handicapped child who walks at a late age than would a mother who is the only family wage earner.

No set of instructions could possibly cover all the kinds of children we call retarded. This manual contains suggestions which experience has proved valuable. It emphasizes some of the things to know about children in general. It also touches on questions of later childhood as they relate to the work you as parents can do in early years of your child's life.

One skill rests on another

Our approach to training is based on the fact that human beings develop in an orderly fashion from one simple learning to a somewhat more complicated skill which is related to the one preceding it. This is the "baby has to learn to creep before he can walk before he can run" way of thinking—a sequence of development. In any child's growth, milestones reflect a stage of maturity or a combination of skills that can be readily determined by observing the child.

These stages begin at birth when the baby is born. We "do" for him entirely. It is possible for retardation to be so severe that the child never develops beyond this stage. Most retarded children, however, move at their own rate of speed into a more active stage where we look for body control. The baby learns to sit up, pull up, creep. At this time we can begin to teach another skill demanding body control—feeding himself. We are conscious of emerging social and play needs. We stand ready to help when the baby's body and mind reach this point. But this stage may be as far as the child ever develops.

Other retarded children may learn to walk at age 3 or age 8. At this time, when the child is moving about more freely, he is ready for a cluster of related activities. If he matures enough that he can go to school, other training needs appear. And later at adolescence new adjustments and training are required.

This manual does not follow a set table of ages or times. A child's readiness to learn a new task is used instead. All children have similar needs and share basic patterns of development. The way normal children develop can be, therefore, a guide. We will note exceptions for children who do not develop normally.

Throughout this book when we're talking about the retarded child, we use "he". Of course we mean both boys and girls, but it would be tiresome to repeat he or she each time.

LIFETIME GOALS

Long before a baby is born his mother and father have invested in him their dreams and hopes not only for him, but for themselves, too. This is true whether the baby is the first child of a young couple just starting out in marriage, with the beginnings of a career, buying furniture, and starting a family all mixed up together, or if he is the fifth child of a couple who are old hands at the business and adventure of living together with children.

The expectant mother and father wonder about the color of eyes, whether their baby will be a boy or a girl; they even plan for marriage and grandchildren at the same time they work at decorating a nursery and study the family budget. Grandparents and neighbors get involved in this planning and dreaming, too. Somehow babies belong to everybody, our neighborhood, our nation, and our world.

Whenever parents discover, at birth or later, that their baby is retarded, it's bound to be a shock. In a way, they feel that they're different people. It seems as if they have lost their identity for awhile. It takes a long time to get used to this different person they have become, this new role they are taking on, and to see and accept the new person their baby has become.

In reality, everything is the same, however. They're the same parents, the child is just himself in spite of the doctor's diagnosis. In fact, many parents have already known or suspected this child was different, long before the doctor or psychologist or school teacher said so. In many cases, the diagnosis comes as a relief to parents who have been struggling along not understanding why Johnny was so slow or so difficult. Neighbors and relatives even may imply that they are not very good parents. The parents may blame each other for the behavior of the child, which may place a real strain on their marriage. When the doctor says "Johnny is retarded because something went wrong before (or after) his birth which was the fault of no one" this diagnosis can often release the parent from some of his worry and bafflement.

Two things are happening at once. On one hand, parents are going on as they did before to feed and change, to nourish and nurture the child. There he sits, howling for supper or giggling with the puppy. It is this day-to-day level we are concerned with in this manual. On the other hand, fathers and mothers naturally begin to wonder, "What for?" "Where does this lead?" "Why did this happen to me?" Even worse questions bother them, too. "Is this from my side of the family?" "What did I do wrong?"

Even though you can be reassured that the retardation is no one's fault, it is helpful to talk these questions over thoroughly with trained people. There may be a clinic or agency in your neighborhood where you can discuss such nagging problems with the doctor, social worker, or nurse. If you don't know about such a place, write to the State Department of Health to ask where you might be able to find one. How you, as parents, feel about having a retarded child is basic to everything that happens to him and your family. There are no right or wrong feelings. Talking about the feelings you do have, correcting misconceptions, looking at what this all means to you as a person, as a family and as a member of society are most important in those early months after a diagnosis has been made.

But the long range questions are worked on and solved only as you go on from day to day. How it will all turn out can't be answered for a retarded child at the beginning any more accurately than for any other child. However, parents need goals for themselves as they build the child's early years. What goals can be set?

Health comes first

For all children we work for good health, a bouncing sturdiness that goes beyond freedom from disease. For the retarded child, this may take much of your energy for the first few years. Any special treatment rests on good basic health supervision from the family doctor or pediatrician, either private or in a child health conference. This is not to "cure". It does not demand long, expensive trips here and there for "the" answer. There is no one answer. It's rather a matter of attending to many things: good nourishing food, plenty of sleep, prevention of illness including immunization against common diseases, cleanliness and sanitation, correction of physical defects, careful nursing when sick.

It's important to have a thorough medical study done as early as possible in an effort to find the cause of slow development. The child's doctor may want him to be seen by other specialists in order to get a complete picture—specialists of the heart, nervous system, ears, eyes,

bony structure, or others. Other factors are also important. A study of the family, its strength and problems, done by a social worker is helpful. If the diagnosis is at all obscure, the help of a child psychiatrist may be recommended.

During this study, the doctor may also suggest that a psychological test be given so that he and the parents will have more facts to help them plan for the child's care. While the test may need to be repeated as the child grows older, an early test can help parents at the beginning to make plans, adjust their sights and provide training suitable for the child.

Retarded isn't mentally ill

Hand-in-hand with good physical care goes attention to mental health. Parents wonder "What kind of a person will my child be?" This is a hard question to even think about, for they associate retardation with mental illness or insanity. People remember stories from their own childhoods about someone who was called "crazy" and who was blamed for queer ways or crimes.

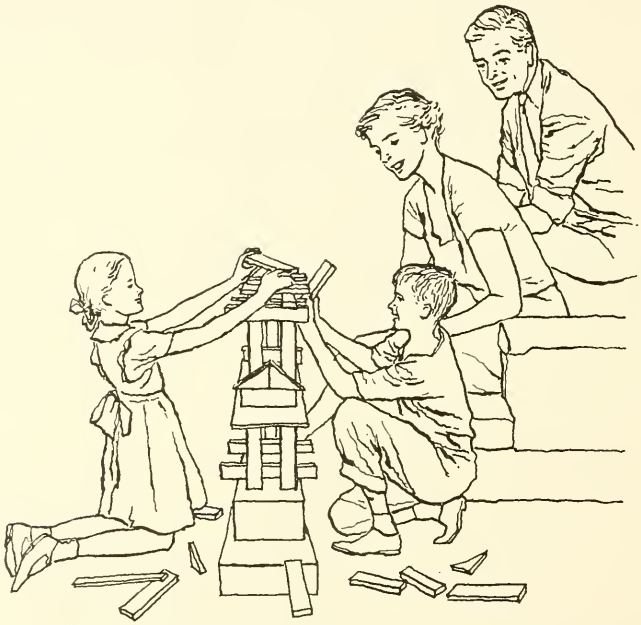
We now know enough about the ways that personality develops to be sure that the retarded child can have a pleasing "healthy" personality. Now what does this mean? It's hard to say what personality is. It certainly isn't brains, alone. We all know some highly intelligent person who is impossible to get along with. He throws tantrums, is selfish, considers only himself. Or, we all know someone who can barely make change from a dollar yet who is a pleasure to see and speak to. Teachers tell us that the most popular child in the class may not be the brightest by any means.

We say that each person "has" his own personality, different from every other person in the world. He is born with certain tendencies and traits. But we know that we can cultivate and improve. Of particular importance in this cultivation are the early years of life. When we talk about personality we seem to mean all the qualities and characteristics of a person: the extent to which he can deal with and trust others, the opinion he has of himself.

Somehow the word personality has become confused with material success, money, glamour, show. Many of us picture the man with personality as the financially successful, executive type, a shrewd, clever fellow. Much of our culture places value on "getting ahead", amounting to something. Lip-service only is too often paid to more simple satisfactions and virtues. Because this is so, serious problems may be created by the birth of a retarded child. Parents are then faced with reorganizing their own scale of values. They have to think again about the meaning of personality, and a full life.

Attitudes in the home are basic to developing a good, wholesome personality. Yet no home exists alone. Many factors outside of the home are important as well. Personalities are unfavorably affected by inadequate food and housing, any kind of discrimination, lack of community resources for good schooling or recreation, sickness, and lack of spiritual values, among others.

The goal of a healthy personality is achieved for the retarded child, as for any other, by giving him a strong feeling of "I belong", by giving him tasks and work geared to his abilities (or just a shade above—we all have to stretch a bit to keep alive) and rich social opportunities in keeping with the child's readiness to reach out to others. How he feels about himself may be more important in shaping his life than his intelligence.



As all children the retarded child needs the love and affection of his family.

Love is the foundation

As for all children, the retarded child needs love and affection from his family and parents. Don't be ashamed if there are times when it seems hard to love him. Such times do come, are inevitable in any family in fact, but do not outweigh days and days of patient

care and understanding. Those who work with retarded children are constantly being impressed with how well parents do in meeting the many challenges these children present.

The child has the right to grow up in a family wherever conditions permit. In the past many parents were forced to decide what was best for their retarded child on the basis of outside pressures. Sometimes parents were told to put the child in an institution, but as soon as they did this they may have faced disapproval from friends and relatives. Or families had to make a decision because they couldn't get the help to make wise planning possible. Even if they wished to keep a child at home there may not have been any school or recreation possibilities. Each family should be free to make its own decision in keeping with the welfare of all the family. One child can receive care and schooling at home, another in a residence away from home, depending upon his and his family's circumstances. No matter where the child is living, he has a basic right to the continued love and interest of his family.

Understanding helps, too

Anything which affects the family so deeply as the presence of a retarded child requires an explanation to others, especially his brothers and sisters. Parents differ in the ease with which they can talk about it, and of course children differ, too, in the extent to which they appear different to visitors or strangers. One retarded child may pass as perfectly normal, another always receives curious stares or comments.

Talking about the retarded child with other children in the family is hard. It may be as hard as talking about where babies come from. Sometimes parents seem to feel "If I don't talk about it, the others won't know" or they say "They never asked". But silence really doesn't solve. True, the other children usually work out their own solutions for the difference in the retarded but often it isn't very accurate. In fact, it may be very inaccurate. The other children can only solve questions like this in terms of their own experience, and may actually feel to blame. Or, like other things parents can't talk about easily, like matters of sex or death for instance, they decide it's bad or wrong.

Just how you'll do this depends upon the age of the other children and how the differences appear to them. In one family the mother might speak mostly of physical slowness, a late start in walking for instance. At another time, she might say something like: "We don't know what went wrong, but nature makes mistakes sometimes, and

one of those mistakes happened in your brother's case. If he'd been hurt in an accident after he was born we'd say he'd been crippled. Well, this crippling happened to his brain, before he was ready to be born."

Of course the parents' attitude toward the retarded child is clearly seen and felt by the other children, but they also deserve a chance to talk about it to remove doubts, wrong ideas, fears, and to give them appropriate words and terms to use in explaining the situation to their own friends.

Common sense tells us that you don't talk about the child's problem in his presence. Even if the words are not understood, the retarded child is sensitive to the concern and worry in the voice. Picking out one child and using his name frequently makes this one feel singled out. To be safe, do all of the talking when the child is not around. If you establish this habit in infancy, unfortunate incidents later on, when the child understands more, will not occur.

There is no doubt that the attitudes of relatives and neighbors, as well as brothers and sisters, will in great part be determined by the attitudes of the parents and the degree to which they can understand the child's problem and treat him as an accepted member of the family.

Training, whatever the ability

Each retarded child, like every other child, needs teaching and training in keeping with his abilities so that he can find satisfaction and success in life. This means that the retarded child deserves a chance to grow up as fast as he can. Parents, and others, want to be sure that they do not let their own feelings interfere. Feelings of grief, shame, pity, and refusal to acknowledge the fact that the child is retarded can prevent him from tasting the wholesome rewards of honest effort and accomplishment of tasks possible for him.

Although we emphasize the need for training, both in self-help in early years and in other useful skills in later life, it's important to recognize that often the child doesn't proceed as fast or go as far as we would hope. Even if parents faithfully carry out all the suggestions in this, or any other manual, their child may still fall below their expectations. This is not a failure on the part of the parent. It's rather an expression of the problem, the retardation itself. Training cannot overcome the basic lack. At best, it can only enable the child to use fully whatever ability he has.

Children who grow up on farms or in rural areas often are deprived of special training opportunities. Their families regret the distance they live from treatment centers, schools, doctors, specialists.

On the other hand, these children sometimes are freed from unfair competition and pressures which stem from crowded neighborhoods in cities. In fact, many city parents express the wish "Oh, if we only lived in the country!" With wise, unhurried help from adults, rural children can grow at a rate more consistent, perhaps, with their abilities.

AT THE BEGINNING

Some parents know from the birth of the child that he will be retarded. Certain physical signs can tell a doctor that a condition is present which may interfere with mental development. In the first few days or weeks the doctor may be able to tell this by examining the baby. Other conditions may not have external signs, but may be clearly diagnosed in the laboratory.

When a diagnosis of mental retardation is made at birth, the doctor can tell that the baby will develop slowly. He can't tell just how slowly, nor can he tell how much he will be able to do. Human beings are too complicated to be read like a thermometer.

No matter what diagnosis is made, we know that this baby has about the same needs as all other babies. He needs a lot of patient tending to keep him fed and warm and clean and dry. He needs to be talked to and held. He needs to be played with and enjoyed for himself.

This baby has his own personality, too. He's not like anyone else who was ever born. He has his own definite ways of wanting things to be done. He may need to be burped often, or may want to wait until he gets a satisfied feeling before he will let you interrupt his sucking. He may have his fussy period just when dinner needs fixing and it's time to pick up an older child from a music lesson, or he may be wakeful and tuneful at dawn. Just as you think you've caught on to his set of rules, he'll change them.

New parents often need the practical kind of help found in other bulletins published by the Children's Bureau. (See final page of this pamphlet.) Older, experienced parents sometimes get so upset when the doctor tells them their baby will be retarded that temporarily they forget all they know about babies. When this happens, they may become nervous and upset. This adds to their problems for the baby

reacts to tension in those who handle him. He becomes nervous and upset, too.

Like other babies

For the most part, the day in and day out care of the retarded baby is the same as for all other babies. At times, however, some adjustments may be necessary. When that's the case, your doctor or public health nurse can tell you what to do.

Sometimes feeding is difficult. Feeding problems aren't necessarily associated with retardation, of course, but do occur when any baby is weak or physically below par at the beginning. Perhaps your baby has a hard time learning to suck, has difficulty in swallowing, takes a great deal of air as he nurses, or may require frequent small feedings.

Such babies need a great deal of patience, and untold extra time. Mothers feel that they hardly have time to turn around before it's feeding time again. Both the understanding and the help of the father at this trying stage can take a great deal of the load from the mother. Perhaps the most encouraging thing that can be said is that it won't last forever. These problems are usually temporary. If they persist, or if the baby vomits a good deal, the doctor's help should be sought.

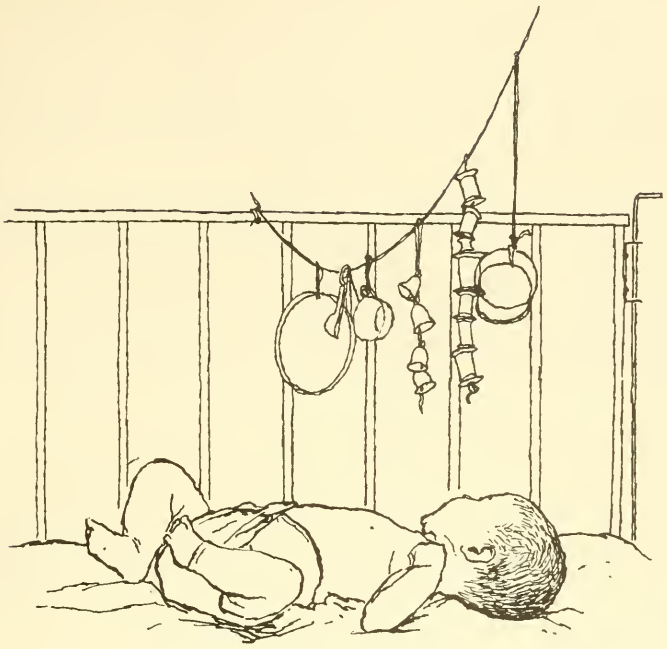
The feelings parents have about feeding their baby set the stage for how he will feel about many things in later years. In more ways than one, mother and baby get close together over the bottle or breast. If a mother worries a great deal about the amount of milk her baby gets and insists that he take more than he wants, he may grow up feeling that food is a weapon he can use against people, too. He might refuse to eat to get even for being made to do things against his will.

Or feeding may become connected with retardation in another way. The mother's disappointment that the baby is not eating well can later on color her feelings about his ability to do other things well. She feels bitter that her baby is so difficult. And he feels uneasy and tight, and may cry a lot more. "He's been a problem from the very first bottle" and he knows it.

He needs more than food

As the weeks go by, the baby has more needs. He needs to be introduced to the general flow of the household. Just because he appears to be contented to lie in his crib, don't leave him there hour after hour. "The best baby we ever had" so many parents say in looking back on the first few months. "He slept so much" is given

An assortment of colorful objects strung across the crib has special appeal.



as the reason for leaving him alone a great deal.

We have to bring the world to these infants who are slow about looking around for themselves. "Tote" the baby around with you. Take him as you go upstairs to make beds. Fix up a good place in the kitchen for him to lie near you as you peel potatoes and scrub pans. Let him in on the smells and noises of the household. Talk about what you're doing, and what he's doing. The words don't matter. But the voice and chatter does. Try out a variety of places to lie, get him used to different positions. The baby who never leaves the familiar crib may feel safe only when he's there.

He can't hold onto anything yet with his hands. But perhaps he can hold onto things with his eyes. Anything that moves has special appeal for all babies. A bright mobile is fun. Better yet, give him things he can touch. Tie an assortment of objects to a stout string across the crib. Provide a variety of colors and textures and noises: kitchen measuring spoons, spools, plastic cups, bright small pans, and bells, for example. Change the items frequently, and always remove the string when he sleeps so he won't get caught in it. Watch out for easily broken plastics that could harm him or small items like beads or small wheels, which could be swallowed.

You may have to play actively with the baby or young child to get him to reach out for a toy. Show it to him, take it away, bring it

back. He may wiggle all over and reach with his feet as well as his arms. Give it to him, take it away, return it, talk about it. Just a few seconds of play at a time is enough. You can tuck these few seconds into the day frequently, before you feed him, as you change him, as you check his covers. As the days go by, he'll become more accurate in reaching out, finally learn to reach with his arms and hands instead of his stomach and feet. He'll learn to grab the rattle, and hold it. Later he can let go when he wants to. With practice, he stops using extra motions and can pick up an object with just two fingers instead of his whole fist. And finally, after many months his play brings him to such skill that he can hold his own bottle.

All this teaches him to use his body but it's only part of the value of this play. He's getting ideas of how different things feel. He begins to taste, smell, hear as he uses other sense organs in play with you and the toy. And he's having fun, besides.

He needs to meet people

Your baby has a need and a right to meet other people, too. Mothers often feel that they must protect somebody when the baby is retarded. Sometimes they want to protect the baby, feeling that he's very weak or very handicapped. They object when other children or interested adults want to hold or play with him.

Sometimes it seems that they want to protect the other people from seeing or knowing the baby. This isn't fair either. The baby can't hurt them. Sometimes parents want to protect themselves from seeing that their baby is different or does less than other babies they know. In the long run, this doesn't work. It's best if everyone realizes foremost that this baby is another human being with his own ways of doing things, is an individual with strengths and weaknesses, a baby who will grow and develop at his own rate.

STEPS OUT OF BABYHOOD

There comes a day when your child isn't a helpless baby any longer. Grandmother mentions it, or the friend down the street. Even the members of the family who see him daily suddenly realize this when they find he's been able to get his toe in his mouth, or when he

rolls over, or sits up in his crib.

Up to now we've made few demands on him. He's made them on us. We've tried to guess, and understand, and meet the needs he's been showing us all along. We've encouraged him to respect night as a time for sleeping and gently led him to believe that face washing is fun. But now we begin to expect a little more of him. We begin to teach him some things, and ask him to take on some of the work.

The ability to walk may be very much delayed for a retarded child and parents become anxious for their son or daughter to reach this milestone. Back of that first step, however, is a whole series of achievements. First the child raises his head and along about this time he learns to control his hands enough to bring objects to his mouth. Later he reaches for things and is able to roll over from back to stomach. Then comes the day when he's able to be propped up in a chair, to support his own weight when he's held in a standing position. He bounces up and down. Then he can sit alone, and may work out a way to move across the floor—creep, crawl, or roll. He pulls himself up as he holds on to something.

Next he can stand alone, and may cruise about the furniture. This stage may last a few days or months and months. Finally, however, comes the great day when he takes a few steps alone. He staggers toward something important, tumbles, gets up and tries it again. Or, if he's one of the more timid souls, he'll sit down and creep until some later time when he dares to try walking again.

Help him want to walk

Getting to this point may take a very long time with a retarded child, and mothers work up a set of prize fighter muscles as they have to carry him about. Have patience—he'll walk when he's ready to. In some instances a muscular weakness may require a brace or special shoes. We can't get him going, though, before he's ready—mature enough physically and mentally. We can stimulate him and lure him into action, help him want to walk. This may be necessary for the retarded child because the drive to do, to accomplish, to see and to taste and to try everything, may not be so strong as for normal children.

Get down on the floor and play with him, roll a colorful ball a few inches away. Encourage him to turn over, give him a chance to reach for things, to dare to stand a minute on daddy's knees, to splash freely in the bathtub, and, out of doors, to explore the grass and leaves and bright blossoms.

Be sure he's put where he can grab hold of something to pull

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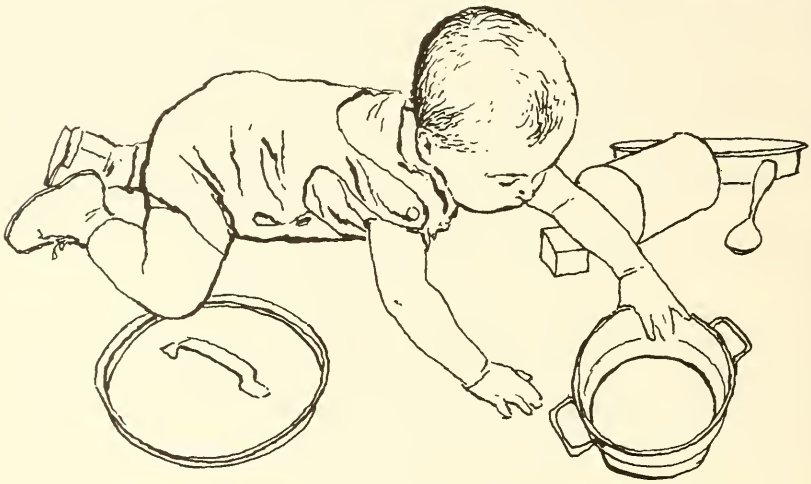
up on—a safe place not near a stove or lamp or stairs. A playpen is useful for the sides are usually constructed so that the child can reach the top rail, and the bars are good to grasp. Or you might want to buy a canvas seat, slung on a metal frame which sits low to the floor. This gives the child incentive to bounce up and down. A large heavy hassock, covered with material that can be gripped or held on to, instead of slick leather, helps in the pulling up stages.



Some safe and simple household items become interesting and challenging toys.

You'll want to take him out of the playpen too, placing him on the wide open spaces of the floor. He'll want to crawl or "swim" toward the sun on the floorboards, or a colorful magazine left nearby. Spread a blanket or pad if you're worried about drafts. Many children never crawl, so don't despair. They wait until they're good and ready and then walk off.

Many children can crawl up and down stairs before they walk. Up is easier, to begin. This saves mother's back, but it does take longer than to hoist the child and go up at adult speed. Start with one or two steps, and work up gradually. Hold your breath, cross your fingers, but don't interfere. He'll make it. A handy father can place a lower rail for the child to hold onto if necessary. Teaching him to back down the stairs takes much longer than helping him learn to go up.

Fear of falling holds some children back. Children vary of course in their natures—how courageous or timid they are. But parents often pile their own fears on top of the child's. It's easy to

forget that all children fall often as they learn how to control their bodies, learn what can and what can't be done. Parents may find it hard to let their retarded child master the job the only way possible: by practice, by falling, by trying again. If his mother can laugh, and rub the hurt away cheerfully, the child takes it in stride. If his mother coddles and protects and frequently stops him, his fears become greater, and he may stop trying.

Parents may have to think twice before they stop a child from exploring and trying things out. The child who plays happily on the sofa can only learn that it's a foot or so off the floor by testing it out. Show him how to back off many times, then hands off, but be there to catch him if he needs it. Finally he can do it alone. An impersonal teaching, "bump bump" is better than lots of words. And, thereafter, he is safe on the sofa.

Specific body actions which other children pick up naturally may need to be taught to this child. Like sitting down, for instance. Parents may have to teach the child who can pull up how to let go, bend his knees, lean forward, and crouch. Lots of practice, with mother or dad present to remind and coach, is necessary. It may help to place him in the corner of the room, back snug against two walls. Show him how to brace himself against the walls, and slide down. Later he can leave the corner and use one wall. And finally he needs no bracing at all.

The doctor might refer you to a physical therapist to give you other ideas to help your child begin to walk.

Some need holding down

There are youngsters who get up on their feet and are off like the wind. These are the hyperactive, the children who overdo everything. The constantly on-the-go type who seem to have no limits of energy, no "stops", no brakes on impulsive behavior. Everything seems to attract them.

We know less about controlling these whirlwinds of activity. Your child's doctor may be able to suggest ways to slow the child down, help him sleep better. Experts have found that it pays to simplify living for him. He's the opposite of the slow kind of child we talked about before where we pep things up. For these superactive children, we tone it all down. Simplify the schedule, simplify the household decoration. Keep things which distract to a minimum. Put away the bric-a-brac. Keep only a few toys out at a time. Too many confuse and frustrate him. Give him frequent play times away from the household. Keep his room a safe, uncluttered haven. Plan

a pretty regular schedule.

Decide on the few basic "don'ts" you must set, for your own peace of mind, for the rest of the family, and for the child's safety. Stick to these, no matter what. But cultivate a little touch of blindness and deafness so you can learn to ignore some of the annoying, repetitive acts.

An overactive child often selects his own playthings if we just watch him for clues. He may be fascinated by water. When he can get around, he always heads for the bathroom, plays with the water in the toilet, flushes it constantly. He'll turn the faucets on and off. Later he may demand to watch the clothes being washed, or play outside with the sprinkling hose. Water holds his attention longer than anything else. Be on the look-out for ways to permit and provide this; take longer at the bath time, give extra baths, arrange a safe place at the kitchen sink so he can "help" wash dishes, dabble as you peel the vegetables. Keep the mop handy, and learn to accept a few wet floors cheerfully.

Perhaps one reason that water is so fascinating is that it always "works". It has no form or rules for success. You don't have to figure anything out, or be disappointed at what you can make it do. It always changes, seems almost alive. Other materials which may hold the easily distracted child are sand, dirt, leaves, and musical toys like a bell or xylophone. This kind of child may like to turn pages in a magazine, play with strips of cloth, suspenders, or a length of rope, or plastic cord. Later he may be just absorbed with paint, clay, or play dough which you can make at home (recipe is given on page 94). Still later, carpentry work and cooking may command attention.

The door banger and rocker

As muscle control increases, children may begin to repeat and almost depend upon certain activities which seem satisfying to them, but annoy parents. A child may flip lids, bang doors, open and shut drawers, flick light switches on and off. At night he might rock in bed, bang his head. These acts usually are repeated rhythmically, producing a characteristic noise. All children may do these things, but they are frequently mentioned by parents of retarded children. It doesn't help much to forbid or to punish. Some things you can do to help include:

1. Look at the child's whole day. Does he have a pretty good day usually? Does he have a lot of things to do? A chance to run and

play outdoors? Are we holding him in rather severely? Does he hear "Stop that" and "Don't" more than "Try this" and "Good for you?" Has the day been too exciting? Is he overtired? Is he frustrated—getting even because we ask too much of him, expect him to do better than he possibly can?

2. Give him a choice of activities. Provide a rocking chair or a rocking horse. Teach him to clap or dance to music. Later on a swing or seesaw may help.

3. Examine your feelings about this. Does it matter to you all the time or only when you're feeling a little irritable or when guests are present? Is it actually harmful or does it simply call attention to the child? If we discourage this outlet for energy, are we willing to accept the substitute the child may create? Sometimes the child's next habit pattern may be harder to live with than the original one.

4. And lastly, remember that this is temporary like so many other things that come up as the child grows, even though it may last longer than it would for a normal child. The action won't be so important to him when he has outgrown the need for it, or when he is satisfied in some other way.

Toys aren't always attractive

"He won't play with his toys" is often the complaint of mothers. This is apt to be true of most children moving from infancy to early childhood when they get too busy learning to use their bodies. They spend a lot of time just getting around, being in motion. They love to run, rock, climb, swing, slide. Arriving at some place isn't important yet, it's the getting there that counts.

When the child begins to crawl or walk he concentrates on this. He may not have time or energy left over for much of anything else. If he's been talking, he may stop using words, or adding new ones for awhile. He may lose interest in food, formerly the high point of the day. He may spill out of the high chair or demand to get down after a bite or two so he can continue running around. Mothers confess that they chase such a child all over the kitchen to get him fed.

The child who doesn't play with his toys may be playing with everything else, of course. Children don't neatly separate the world into compartments the way we wish they would. Mother's Easter hat is just as interesting as the newly bought toy. And it's explored with as many senses as the child possesses—tasted, chewed, smelled, felt with cheek or fingers, listened to.

This is the time when we just put away the delicate, the useless, the tempting, and clear the decks for Junior's explorations. We can also clear away our ideas that children should play only with toys, and find good, safe, interesting play items everywhere. The kitchen cupboards are loaded: egg beater, measuring spoons, nested cups, tin cans with smooth edges (beware the coffee can with its razor sharp lid), unopened cans that stack and roll well, rolling pin, empty cardboard cartons, egg boxes, clothespins, strainer, pie plate, frozen food containers, and so on. Unfortunately, your child won't confine himself to the things you *want* him to have. Teach him to use only the drawer or cupboard where you put the safe, unbreakable things.

This time of investigation may come for retarded children when they are bigger and can get more places, literally everywhere. The retarded child may stay in this stage longer, too. Mother and father need to have endless patience, for it's important that the world be investigated and the child's growing interests be encouraged. They have to find some middle ground—some way to let the child explore without creating chaos, without upsetting everything. They have to keep him safe without clamping down, making him fearful, lose his initiative. They can't let him feel that all his ideas are bad, yet they have to teach him that the world isn't all his, and his alone.

But let's look again at the child who won't play with anything. He may even appear to be frightened, or pull away when you give him a toy. He may not like to touch anything, or have things touch him. Search for a "feel" that he will accept. This may be a very unusual item. Try giving him a large bowl with dry cereal or raw oatmeal in it which he can handle with a big wooden spoon, putting the light bits into a cup and pouring them out again. Or you might experiment with bits of cloth. Try a ball covered with washcloth material. Several ping-pong balls to roll or shake in an oatmeal box may appeal. Watch the child for ideas.

You'll still have to work with him, encourage him, reassure him. Just a minute or two frequently may be all that you can spare. But this may be enough. It's not right to have the child expect all of your attention constantly. He needs some time on his own, too.

He's ready to start feeding himself

When your child can sit well, maybe with a little support, he can start to feed himself. He'll need a good place to work. Mother's lap has worked fine before, but mothers—no matter how loving—find it pretty hard to stand the messiness of self-feeding from close range.

What about the work place? It can be a high chair, or any of

the fine chair-table arrangements on the market today. It can be a low chair shoved up to a firm, flat surface of comfortable height. The child can sit on a low box set against a wall (to support his back) with a regular kitchen chair pushed up to it for a table. This places his food at a good height. If he is heavy and especially slow in walking, try to plan a low feeding chair so you don't have to lift him. The child's feet should rest on a rail, box, stool or floor. He feels safer, then.

Children begin by feeding themselves with the tools they were born with, their fingers. Utensils come later. Quite without intending to, many mothers keep the child's fingers out of his food, or keep what he's eating so far away he can't reach it. It's easier to let a child help if you've put the food you expect him to eat at that meal in a dish or divided plate. Of course, seconds may be close at hand in case

A box to sit on with the seat of a chair for a table suits her fine for eating.

his appetite is better than usual. Feeding directly from a baby-food jar may seem quicker and easier. But that will prevent freedom in experimenting since mother quite naturally doesn't want the whole jar on the floor, or mixed up with other foods.

A child who sucks his thumb, or puts toys in his mouth, has a head start on feeding himself. He already knows how to get his hand to his mouth. Children who never put anything in their mouths have to be taught the joys of tasting a finger loaded with applesauce, by literally dunking their fingers into the sauce, and guiding the hand to the mouth.

There are fastidious youngsters who refuse to touch food, or other wet or sticky things. At certain ages, many children object to strange feels. Frequently nursery school teachers find that 2 and 3 year olds won't touch finger paint or clay, and demand sticks or brushes. This may be about the time in their lives when mothers have spent a lot of time talking about keeping clean. A child's over-niceness may be caused by mother's overconcern about germs. It may carry over from earnest efforts applied to toilet training, and the use of words such as "dirty" in connection with accidents. Some children are especially sensitive to being handled, and to the things which they will handle. We spoke earlier of these children who won't touch toys.

With such children, special effort must be made to get them to finger feed. Offer dry cereal, bits of chocolate, bite size pieces of cubed dry toast, or raisins. Or perhaps they'll never touch food and have to be taught to use a spoon or fork. In this case, self-feeding is achieved later after they have mastered eating with a utensil.

When your child begins to handle a spoon by himself, you can help by serving foods which stick to the spoon such as a milk pudding, mashed potatoes or oatmeal. A tiny bit of peanut butter on the spoon appeals to some. Stand behind him, his back against your front, so that you can reach over his shoulder to help guide the spoon to his mouth. In this position you help his hand movement better than when you work from the front. One or two round trips of the spoon to the mouth is enough at first.

Occasionally special equipment, such as a spoon with a built-up handle or one bent in some way, is helpful for children with physical difficulties. A public health nurse or occupational therapist could help you decide and tell you how to make or buy it.

Generally the business of eating is so complicated that eating apart from others works better to begin with, particularly for the easily distracted child. Later on let him join the family for one meal a day to enjoy the companionship of others. When he eats alone he's less distracted, and is often allowed to help himself more. If adults

are there, they may try to interfere when it's not necessary.

After a good beginning, a mother may keep herself less available. If she's not right there, hanging over every bite, the child may do more work himself. She can get on with preparing the family meal, for example. Or have a bit of sewing kept handy in the kitchen. It's easier to be patient with the child's fumbling slowness when other work is being accomplished. One mother started making a crocheted bedspread, one block at a time, when Jane started feeding herself. When it's done, it will be a testimonial to the hours spent at the job!

Change food textures early

The child may be slow in shifting from strained foods to a greater variety in texture. It's important to start introducing new food textures early, for younger children seem more open minded than older ones about taking new feels and strange lumps and bumps, particularly if they've been allowed to put these in their own mouths. If we wait until the child has a full set of teeth and is as fixed in his ways as an old maid or bachelor, we add problems. If you are uneasy about giving foods that require chewing before the teeth are in, check with your doctor.

Frequently a child will finger-feed larger pieces of food to himself, biting off what he can handle: a slice of peeled apple, a leaf of cooked kale or spinach, a circle of hard-cooked egg, half a cooked carrot, a whole green bean, chunk of banana, drumstick chicken bone with a little meat on it, a rice ball. Bright colors attract a child's interest. He may take this kind of food and yet refuse the uniform texture of the canned, chopped baby foods.

Give him a chance to handle new foods at the beginning of the meal, when he's hungriest. While there are exceptions, usually you don't have to worry about poor chewing. Learning to chew and swallow is hard, and he may be slow. He'll need a lot of practice, mealtimes shouldn't be too hurried, praise him for his efforts, and don't worry about it. Suggestions are made about ways to get sluggish tongues moving on page 35.

Problem attitudes, not problem eaters

Food can get tied up with love in a way that may backfire. All of us know the "too full" feeling that comes when you take a second helping rather than hurt the hostess. "You don't love me" is in a sense what such a demanding hostess is saying. With feeding a child, however, this sometimes gets twisted around into "People will think I don't love my child if I don't force food down him." Often parents

still secretly believe that a fat baby is a healthy baby; that an oversize 2 year old shows his mother loves him. This may be carried to an extreme with a retarded child if the parent feels that stuffing the child with food will make him "well" or normal.

Sometimes a child's slow gain is mistaken for lack of good feeding by the mother. There are small babies who just won't gain. The mother is blamed for not feeding the little fellow enough. But those who criticize fail to realize that some children can eat two bowls of oatmeal to another's one, and still not gain.

Emphasis on cleanliness and good table manners can discourage the child's appetite and efforts, too. It's true, few things are less appetizing than hair daubed with mashed potatoes or limp toast that has been mouthed and chewed over. But self-feeding is a messy process at whatever age it's started. A child might do a neater job when he's older, but his interest is highest around the time he's beginning to reach out into the world physically, doing other things for the first time such as pulling up or getting around the furniture. Provide the best eating arrangement you can. Use a large bib or diaper to cover the child. A sheet of plastic on the floor and taped to the surrounding walls cuts down on the "clean up". Struggle with yourself to interfere only when necessary: when he's tired but wants more to eat or when certain foods are given that he can't handle alone (like soups). If he's playing or dawdling he may learn not to do this if you remove the food.

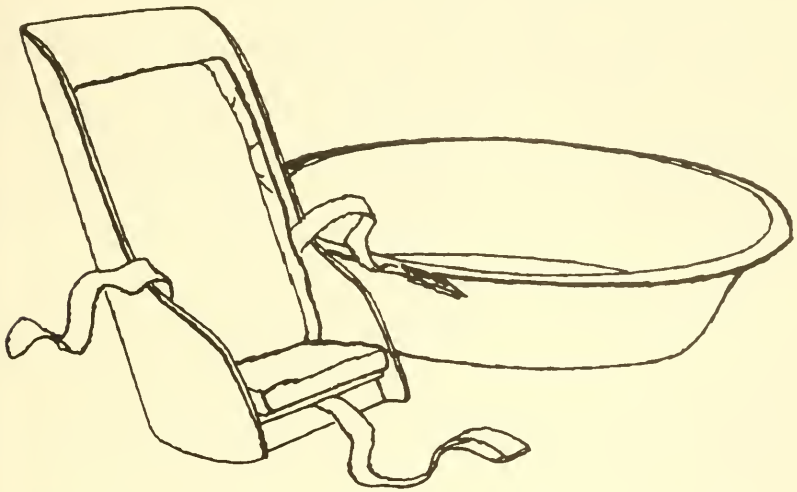
Drinking from a cup

Getting used to a cup can be started early too, long before you really want to discontinue giving a bottle. Offer water or orange juice. Lots of children show that they are ready to drink from a glass or cup. They will sip iced tea or coke from mother's glass, or steal a drink of coffee left within reach. Take the hint, and accept the child's smallest success in drinking, directing his interest to milk, water and fruit juices. At first he'll chew the liquid. Later he'll give up these extra motions.

Try out a variety of cups and glasses for the one which suits best. Some children do fine with any small squat cup or even a baby food jar. Others take to special cups made with a tight-fitting lid in which holes are punched. No one type suits every child. Let him handle (and spill and spill and spill again) a container which has only a small amount in it—a tablespoon or more. If the mother is anxious to get a lot of milk in her child she may make the mistake of filling up the tallest glass in the house. Naturally she then discourages him

from holding it himself, for if it should tip over the loss is too great and too messy to clean up. And the child is discouraged by the heavy glass and too much milk.

When a retarded child of 2 or 3 still insists on a bottle, the mother often apologizes or feels ashamed about her methods of training. This shouldn't worry her. Retarded children often have extra need for sucking. There's also the special need for peace and contentment and the familiar. Mother herself may need to count on thirty minutes of freedom so she can get dinner on the table, or tuck somebody else in bed. All of these reasons are important enough to justify an easy-going attitude toward complete weaning. Just keep offering the cup and work toward cutting down the number of bottles. You can omit a bottle when the child is put to bed, or leave it at home when you go out. Then you aren't tempted to tuck it in his mouth to keep him quiet.



Some kind of support helps when bathing a child who can't control his body.

Bathing the heavy child

It's difficult to bathe a heavy child who can't sit well. Perhaps such a baby is outgrowing the kitchen sink, and he's too heavy for the bathinette. But it's hard to get a safe grip on him as you kneel at the bathtub. For such children a small investment in special equipment is worth making in order to keep bath time safe and pleasant for both mother and child. Baths should not be hurried,

since this is one time the baby can stretch and kick in freedom.

A light plastic tub is good. These are now available in delightful colors. They are not, however, as tip-proof as heavier enamel ones. Place yours on a low, broad, sturdy table, or in the bathtub itself. A non-skid plastic mat or folded bath towel makes the bottom less slick. If you bathe the baby in the family bath tub, keep a low stool nearby to sit on. It will save your back.

A piece of infant equipment is now on the market which can be adapted for use in bathing. This is a flat hard plastic support for the back, with a small platform to support the buttocks. Such a device, which can be very helpful, gives support and freedom to the child. It can be propped up since rubber tips hold the platform at an adjustable angle. It's useful for somewhat older children who have not developed control of their trunks.

Mothers and fathers have rights

Even though parents are struggling with the daily problems of caring for a retarded child, they have the right to be interested in outside activities, too. The whole family thrives when the parents get out to see old friends and keep up their special hobbies, even if the time spent has to be curtailed somewhat. Parents often find release from worry when they get together with parents of other retarded children.

In order to get out, parents these days usually have to hire a baby sitter. The sitter should be carefully chosen, just as for any other child, for dependability, good judgment, and sufficient experience to handle unexpected problems that might come up. It's wise to use the same sitter as much as possible. In this way, sitter and child become old friends. The pamphlet "Your Child from One to Six" (see final page of this pamphlet), contains many helpful suggestions about the use of sitters. It stresses that one should always leave written information on:

1. The telephone number where you can be reached, and that of your doctor.
2. The time of your return.
3. What to feed, at what time, where and how.
4. Where things are kept—diapers, nightgowns, blankets, etc.
5. What to do if the child cries.

In addition, your sitter will want to know your child's special habits or requirements. There may be certain medicine to give and you'll want to write down exactly how much and how often. Your

child might rock noisily in bed, or have a special blanket or toy he depends on. This sort of knowledge helps the sitter feel better equipped to do a good job in your absence. One place you might obtain a sitter is the nearby hospital or school of nursing. Student nurses are often happy to gain both experience and extra money, and parents feel better about leaving a child with someone with the interest and skills of a nurse.

Parents sometimes feel they shouldn't leave the retarded child with a baby sitter. All mothers find it hard to leave their babies, but in addition to this natural pull there are some extra tugs. If they should, for instance, feel guilty about having a retarded child, they may express this by becoming a slave to the child, never leaving him, wanting to give him everything. Most people are sensitive about exposing their own affairs to others, and if they have a retarded child they may feel that they reveal a personal weakness to another person.

A little advance planning may help to cut down on outside contacts which are unnecessarily painful. If the questioning stares of others in the doctor's waiting room bother you, set your appointment first in his day. Some pediatricians schedule all patients with special problems on one afternoon, thereby providing for the extra time which may be needed to do a thorough job.

Arrangements ahead of time with a shoe store can insure that you always have the same clerk. He will understand about those "rubber" feet which just won't slide into the shoe; he doesn't ask why this 3 year old, for instance, isn't walking and doesn't wear the soles of his shoes.

Such planning cuts down the wear and tear on you and your child and can make getting out more fun.

STEPS TOWARD INDEPENDENCE

When a child has learned to walk he's ready to tackle many other new things. This chapter deals with the activities which come up as a child reaches this stage.

It's a good time to consider teaching other self-help skills which depend upon muscle control and maturity such as toilet habits and dressing. Chances are he's ready for more complicated toys and wants to play with others.

When a child is physically able to do more things, we have to begin asking him to control his actions so that he can live with other people and be trusted with the things that belong to them. We call this "discipline".

Also, at the stage of beginning to walk, children are starting to use words. So this chapter will also discuss some way of helping children with language.

toilet training

Retarded children vary widely in the age when they can control their bowels and bladder. Parents dread this training job, and yet they're eager to have it over with. As a result, they often want to start too soon. Sometimes this is just for the sake of appearance. Sometimes they feel that failure to get a child trained at about the age most children succeed reflects on them more than any other failure. Furthermore, since school admission and many other social experiences require a degree of toilet control, parents are in a hurry to get over this hurdle.

Parents can avoid wasted effort and frustration if they wait until their child is ready for this training. A child is naturally able to urinate and move his bowels. We aren't asking him to do something. We're asking him not to do something, to hold or retain until the right time and place. And this is more complicated. We're going against natural inclination. Usually a child is ready to learn this control when certain other abilities are present. Check off these signs of readiness:

1. Is there a fairly long interval of time between wettings? Some parents report anywhere from an hour to 3 hours. If he's still wetting every 30 minutes or so, wait.

2. Does he show in some way that he feels ready to urinate or move his bowels? This may be a word like B. M. or "wet", preferably a word useful to all people and not a private language you and the child have developed. If he doesn't use words yet, he may become quiet, or get red in the face and strain. He might cross his legs, or become active and "jumpy". You'll learn the signs. When he can give a signal it shows that he recognizes the feelings of bladder fullness *before* relieving himself.

3. Can he get to the toilet by some method—either walking or crawling? Children with physical handicaps sometimes are ready for toilet training before they learn to walk. But unless there is a

physical handicap that makes walking difficult, or impossible, rarely is a child able to control his bladder before he has matured enough that he can walk.

4. Training will go faster if the child sees some reason for it. Does he care if he's clean or messy, wet or dry? Does he fuss when wet?

Make a plan

When he shows by these signs that he's ready, toilet training can be done as for other children. Make the regular toilet seat comfortable by using a small seat over it, with an opening not so large that the child fears falling in. Be sure his feet rest on a supporting surface like steps or a stool, or a box.

Some mothers have found it helpful to write down each time the child wets or has a bowel movement. After a week or so, there appears to be a timing which develops. This may be every hour or every two hours, depending on the child. The mother then takes the child at the time which would seem to fit his own rhythm. Others take him to the toilet regularly at certain times of day. Such times can be before breakfast, after breakfast, mid-morning (often unnecessary), before lunch, after lunch, mid-afternoon, before supper, before bed. These 8 regular trips are enough. More frequent times can result in tension for both parent and child. One mother set the stove timer for 30 minute intervals, and she and Betty spent most of their lives on the way or in the bathroom. Little wonder that Betty began to cry when she heard any bell.

Try to keep toilet teaching free of other distractions. Remove toys. Save dressing and undressing for another time. A child's attention span is short, so leave him on the toilet for no more than 5 minutes. If he stays longer than this he may urinate, just as he would if he were elsewhere. But this is just catching him. It's different from his conscious "letting go" at the right place and the right time.

Being able to let go requires a lot of practice in timing. For a while a child may let go, get wet, just as he is removed from the toilet seat. The mother wonders if he does it just for meanness. You just get him all buttoned or diapered again, and he's wet. But he doesn't do this on purpose. He's just been able to let go as some of his muscles relax. The harder he worked, while sitting on the toilet, the tighter they were. This unfortunate timing has to be accepted as a necessary part of the learning—first to hold back or retain, then to relax, at just the right moment.

If you can possibly arrange it, from the beginning train your child to use a regular toilet. This saves time later, since otherwise relearning is necessary. Furthermore, using the bathroom for toilet activities is always appropriate. Toileting outside of a bathroom is not accepted in our society for other than very little children. So we start out with the method which will be suitable all of his life.

Little Bobby's case illustrates confusion of places and activities. His mother fed him in a potty chair in front of the television set. It's true that she enjoyed the programs, and so did he. It's true she had fewer diapers to wash since Bobby usually had a bowel movement and urinated while being fed. He liked the support of the potty chair since he was pretty wobbly at sitting. But this was not toilet training. He wasn't ready for training, and any real control would come much later.

Unfortunately, many homes are so arranged that use of standard bathroom fixtures requires too many trips upstairs. Also bathrooms are often shared with other families in our crowded cities. And there are many homes without indoor plumbing. In such cases, it's worthwhile to get a well designed potty chair, with easily removable container. Fathers often can make such a chair, tailoring its measurements to the size of the child (who may be considerably bigger than the dimensions of most commercially made potty chairs). Be sure the child's feet touch the floor or a box. Sometimes parents train a little boy to urinate in a fruit jar or can. Since retarded children frequently cannot make judgments of what is suitable at any given time, this may lead the child into embarrassment or real difficulties when he grows older.

The child really is boss

What we're teaching is very clear and sounds simple. It's apt to be a long slow job though. We want the child to recognize before he wets that he needs to go to the bathroom. First his mother does the thinking and takes him. She gradually helps him plan ahead and get to the right place himself. And there are many wet pants along the way!

The child does the work. We can only set the stage, take him, and be sure he feels proud of staying clean and dry.

Start toilet training when the weather is warm. Clothes are easier to manage and you won't be so fearful of colds resulting from wet clothing. Take courage, throw away the rubber pants and diapers, and put him in training pants. Most little girls love nylon ruffles. Boys strut in striped boxer shorts.

So many parents miss this chance to change the scenery completely. They wait until their child stays dry before they give the undergarment which can be associated with keeping dry. After all, to the child's way of thinking, why should diapers suddenly be kept dry? They've been around all his life, for the specific purpose of getting wet. Also, when a child is in training pants, he can more clearly see the results of wetting—there it is, the puddle. He can connect the puddle with that feeling of fullness, and then of letting go. Diapers will need to be kept on at night, of course, during the training period.

If he begins to fuss or scream when placed on the toilet seat, give up the training altogether for a few weeks. Give him a chance at other times to sit on higher surfaces. When you try again, be sure that he feels safe. Hold his hand, or kneel beside him, touch his shoulders. Leave him only a few seconds this time. First you want him to get used to the seat. And, in case his screams were a protest against an overdose of training, when you give it up for awhile and restart gently and in quick doses it may prevent another set-back.

It may be a considerable time before your child can stay dry at night, although many retarded children do attain night dryness before daytime control. It is of particular help with some to take them to the bathroom early in the morning, even before they are fully awake. A generally easy going attitude, one of confidence, seems more important than anything else in achieving night dryness.

Constipation that results in painful bowel movements is frequently mentioned by parents of retarded children, particularly of those children who are generally sluggish. Your doctor may suggest something which makes the mass less hard. A nurse or nutritionist may be able to help you change the child's diet. In general, however, we know that not all children have regular daily movements. Overconcern on this score is not warranted, and you can relax.

dressing

It takes longer for a child to learn to dress himself than to succeed with feeding or toilet training. The process truly begins in infancy when he scuffs off a bootie and it continues well into school years before a boy can manage his necktie or a girl fix her hair. We know from the start that it takes a long, long time.

In addition to the time it takes, it's less satisfying to the child. We have to take on the job of making it all seem worthwhile, give him pleasure from his efforts in dressing himself. Probably he cares

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little whether he's playing in his pajamas or slicked up in jeans.

Even when he's very little, begin by calling his attention to what you're doing. Talk about the different items of clothing, "let's get the sock on now." Get him to help out in simple ways. Ask him to hold his foot still, to put the toy he's holding in the other hand so that you can get the sweater sleeve on, to hold his arm stiff so that you can worm it into the snowsuit. These points are so easily overlooked. Most of us have so many other things to do we just "stuff" the baby into his clothes. We might actually discourage him by treating his help as interference.

Later on, it may be a month or a year, he may start playing with his shoes and socks. Maybe he takes them off a dozen times a day. We can capitalize on this by asking that he do it himself at bath time. If he can remove his shoes in bored moments in his play pen, he can remove them at the right time, too! Fun in the bath, which he's usually eager for, can be the reward. Removing his shoes just to go to bed isn't so exciting.

Like so much other learning, dressing comes backwards. First a child can take off. Later comes putting on. It's like toilet training. First he makes puddles, then he stops making puddles. He takes off his pants, both inner and outer. Along with this goes removing hat, mittens, sweater. After he begins to walk, you can ask him to "take off your hat and put it here," or "take off your pants and put them on the chair." Putting the garment somewhere seems to be an added incentive for him.

He puts on undershirt or T shirt or shoes first. About half the time these are on backward. Except for shoes, perhaps you can ignore it. If we always rush in and wail "Oh, you've got that shirt on backward" you may take away most of his joy in his effort. It may help to mark the back of the garment, but even so it's hard for a child to learn to place the label by his nose in order to have it end up by his backbone. It does help to mark shoes in a simple way, such as painting red nail polish inside the right shoe.

When can he do this?

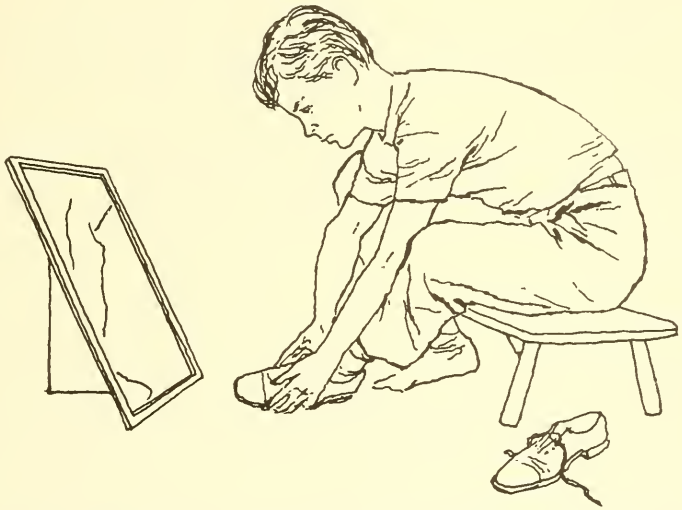
Like other self-help acts, it all depends upon his maturity and coordination, as well as his interest in doing the job. We are safe in saying that a child who can let go of things when he wants to (can "release") and who can play simple games like rolling a ball and peek-a-boo can cooperate with you at dressing time.

Usually a child who feeds himself pretty well is able to remove his own clothes except for difficult fastenings or tight squeezes. Such

a child can also get a dress or coat on. The child who can put a penny in a piggy bank has the timing and coordination necessary for buttons, if they are big and in front. He can undo grippers and snaps and work zippers both ways usually sooner. The youngster who can undo and redo clothes at the toilet can also dress himself with little help.

Socks seem particularly hard for many children, and are often among the last items mastered.

Normal 6 year olds are just getting ready to tie bows and shoestrings. So with the retarded child this may come much later. He starts by lacing the last two holes in his shoe, then two more, and so on. Then he can learn how to tie the knot. Buckle shoes are usually easier to handle. When a child delights in removing his shoe laces, clear down to the end, you can provide some substitute lacing activity. Some toys have laces, or you can give him an outgrown shoe to play with. He may enjoy stringing large wooden beads on a shoelace. None of these may work, and you just have to accept playing with shoelaces as an annoying spare time activity. He'll tire of it eventually.



A mirror can be a lot of fun and sometimes helps when you are learning to dress.

At best, teaching dressing is a slow and not very exciting business. These things may help:

1. Allow extra time for the child to assist. His fumbling efforts take longer, but they pay off. Some parents overlook many ways in

which their child could help because they find it quicker to do it themselves. Eventually, he loses interest and doesn't try.

2. Don't insist that he dress himself on every occasion just because you know he can. "I'll help you with your shirt after you get those pants on" can give him a good feeling about this task that has so many parts to it. In this way, he doesn't feel that he's being punished because he gets tired.

3. Always break the job down into its parts. "Socks first, then shoes."

4. Place a mirror low enough so that he can see what he's doing. This adds interest.

5. Let him help pick out his clothes. Honor his choices if at all possible. What does it matter if he wears yellow socks and a green shirt? Selecting clothes for the next day at bedtime gives him a good starting place the next morning.

6. Arrange hooks and shelves low enough for the child to reach. Pictures of articles of clothing may be pasted on drawers or above hangers to help the child remember where to place certain items.

7. Select clothes which are as easy as possible to put on and take off. Attractive and becoming garments add interest to the task. Avoid back buttons, tricky fastenings, tight sleeves, complicated overall styles. Look for:

Snowsuits with full length zippers (clear down to the ankle).

Buttons as large as a nickel at first. You may want to replace small buttons on garments you buy and enlarge the buttonholes. Sew buttons on with a long thread shank to permit easier grasp.

Pull tabs on zippers. Tie yarn, fasten a small plastic or metal toy or a bell to the pull.

Rib knit waistbands on boy's pants, girl's skirts. (Unless the child has a large stomach which permits the garment to slide down).

Shirts or dresses with boat necks, elasticized neck openings or Italian cut. (No buttons necessary).

8. Give a purpose to the job. Have him dress to go somewhere,

even if it's only to the corner. Dress up for daddy's homecoming, dress for a family party with ice cream. One camp counselor observed that many of her retarded children had spent hours "zippering" and doing button strips on boards without being able to apply this learning to their own dressing. When they got to camp they needed and wanted to dress, to join a play activity, or to undress, to go swimming.

9. Remember that you had to handle him a good deal before as you dressed him. This physical handling was important to him. So find ways to give him physical reassurance of your love and affection at other times. If he has to give up being patted and cuddled when he learns to dress himself, it's a very high price to pay for independence.

10. Follow the important aids to learning that we have mentioned before. Watch for readiness and interest, provide a comfortable place (with a footstool or chair of the right height, for example), take your time, get his attention centered on the job, and give much praise and encouragement.

cleanliness and manners

For convenience in this section we'll talk about health habits, grooming, and manners. These things go along with being civilized, social people. They vary in importance. Some are basic good health practices, while others are matters of etiquette or consideration for the feelings of others. They include such items as washing hands before meals, brushing teeth, covering one's mouth when coughing, blowing and wiping the nose, combing hair, use of eating utensils, proper acknowledgment of greetings, and so on. It can be an enormously long list when you stop to itemize it. It's very length requires that we simplify what we ask of the child.

No one can say when you should begin teaching these niceties. Your child's individual rate of growth will determine how fast and how far he can go. Parents have to find some happy medium between what society asks and what the child can master without undue pressure.

In general, it helps to make simple arrangements so that the child can help as much as possible with such routines as washing hands, brushing teeth, and combing hair. Provide steps so that he can reach the sink and see into a mirror. Sew curtain rings on the washcloth and towel so they can be hung up easily after use. It may

help to tie the bar of soap to the faucet by inserting string through the bar with a heavy embroidery needle. Be sure to allow plenty of time and let him experiment a little. It may seem that he's wasting soap or water or toothpaste, but a minimum of interference from you can make the job seem to be his own responsibility.

Make demands reasonable

You start with one thing at a time. When you start it, stick with it consistently. In other words, it becomes a routine matter. Some parents forget to follow through. They demand that the child cover his mouth when he coughs, for example, only when company is present. On other occasions it's forgotten. The child then learns only that his mother is unpredictable when other people are around.

Experience tells us that consistency is possible and right only when it's sensible and really fits the situation. It might seem inconsistent, for example, if we decide to give up teaching a certain habit for awhile. We try it out thoroughly, and decide the child isn't ready yet. So we gracefully give up, and start again later on. We might overlook certain things when a child is sick or especially tired or if too much else is going on. This teaching is a gradual accumulation of many years. It doesn't have to be done all at once.

Consistency also has to be directly related to the situation. Take cleanliness, for instance. We really don't expect children to stay clean always. We dress them for play, and expect the worst. We know that children get dirty as they play in sand or make mud pies. But we know they need a chance to try these things out. We know that children can't stay clean as they learn to feed themselves. So we teach specifics like "Wash hands before meals" and "Stay clean in your party dress." At other times we expect a normal amount of wear and soil. Or maybe, even an abnormal amount! "Never mind, we can wash it off" reassures a child that cleanliness is a flexible and practical matter, not a restraint that deprives him of a chance to explore the world.

Some of the things we teach help a retarded child fit into society without calling undue attention to him. One of these is how to greet people. From the beginning, we teach him to smile or speak. Practice greeting, and responding to greetings with words. This is always appropriate. Childish hugging which is cute at age 3 becomes unsuitable at age 9 or 10.

A child may be unable to decide whether the person he's greeting deserves a "hello" or a hug. So we give him a habit which fits almost all occasions. He should be trained to keep his hands off others, too.

A poorly trained adolescent youngster may show his fondness for people by patting, fingering coat buttons, or wanting to hold hands.

Some helps with drooling

When past the first year or two of life if a child still drools it calls undesirable attention to him. So we want to help him control the flow of saliva from his mouth down his chin. At first we have to accept it and try to find a way to keep him looking nice in spite of the dribble. Parents often provide a little absorbent bib. Later they can substitute a cowboy neckerchief or flowered scarf. This can be changed frequently to keep clothing dry underneath, and usually pleases the wearer.

The tendency to drool comes and goes. When teeth are coming in, drooling may increase. For some months it may lessen and then occur again. You'll notice that it increases when the child is completely absorbed by a toy or is watching something. It decreases when he gets pulled back into the world, so to speak.

Drooling seems to be caused by several things. In some there may be a lack of control of facial muscles and tongue as in cerebral palsy. Poor structure of jaws and teeth may have something to do with it. Occasionally it is just a lack of thoughtful training. The child doesn't even notice it himself.

In the long run, how he manages the saliva is up to the child. We can't do it for him. We can help.

1. Make sure he's ready for training and cares about the matter, knows what you're talking about, is truly conscious of the saliva.

2. Teach him to keep his mouth closed. Touch his jaw lightly to remind him. Place a mirror at eye level where he can see himself often.

3. Give him foods which require and stimulate chewing such as apple slices, meats, celery.

4. Play games to increase strength and control of facial muscles and tongue. For instance, you might start by letting him blow feathers, or a horn. As he gains strength he can blow bubbles and balloons or blow into water with a straw. Let him make faces and stick his tongue out as he looks in a mirror. Teach him to lick a lollipop, reaching his tongue out of his mouth forward and sideward. Place a little jam or honey on his lips for him to lick off.

5. As he grows older, use the word "swallow" to indicate what you

mean. Mothers have found they can make "swallow" meaningful by using it at meal times. "Swallow your milk," "I swallow my coffee." This can be done in an exaggerated fashion to show how the throat gets involved in the process. When "swallow" means the act of pushing fluid down the throat, it can be used at other times to remind him that he should remove saliva from his mouth in the same way.

6. Remind him, and compliment him on his efforts. Avoid nagging, constant reference to it, and punishment.

7. When he's older, he can be trained to wipe his mouth and chin with a handkerchief he can keep in a handy pocket.

Those troublesome glasses

When the doctor prescribes glasses, some parents have a hard time persuading their child to wear them. They figure out all sorts of ways to anchor the glasses with elastic bands but still he pulls them off. This is another time to work slowly and gradually. The doctor understands the problem, and doesn't expect success immediately.

If your child is to wear glasses, at first put them on for only a few seconds. Smile and be appreciative when he leaves them alone for a little bit. Give him a mirror to admire them, too. But stand by, ready to catch them. Put them on again when he's busy working with a toy. They serve a purpose then, and he may realize that they help him to see better. Remove them when he leaves the toy.

Put them on him when you go for a walk. Give him a favorite toy for one hand, and hold the other. He may leave the glasses alone, with both hands occupied. And he'll realize that he does see the details of things better. The glasses do help him see a red truck, the roaring train, or an airplane, and he can associate certain interesting sound with the sight.

You will find other times when the glasses are of value such as increasing his pleasure in T.V., recognition of friends or playmates, at meal times. His glasses help him in organizing the world and in relating what he sees to what he hears, smells, or feels.

discipline

Before a child can walk, to a large degree we can control what he does. We can keep him safe. We can put dangerous and undesirable objects out of his reach. As he gets around more, it becomes increasingly important that he learn that some of the things he does are all right and others are not.

These early lessons deal mostly with safety. As time goes on, they give more thought to what is considered right to do and what is considered wrong. We call this discipline. It means more than just punishment. It means how to behave. When a child learns to behave in more accepted ways, he can be included in more and more of the world. He will be welcomed almost anywhere. The fact that a child is retarded doesn't mean that he has to behave wildly or that he's impossible to control.

Discipline doesn't begin when a child starts to walk, though. Like other teaching, it starts in very simple ways long before. We are teaching discipline when we ask a child not to throw his plate on the floor. When he hangs up his coat, that's discipline, and so is learning to wait until others are awake before calling out in the morning.

The way parents feel about discipline goes back farther than this, too. It goes way back to the feelings they had toward their own parents. So much of what we think about discipline grows out of happenings and reactions we had as children. Sometimes this means that we use pretty much the same system our own parents used. "Papa really did know best after all," we may think. Or we may want to do the very opposite of what our parents did. "I'll never do that to my children" we may say.

One is a carbon copy and the other tosses the past overboard, perhaps throwing the good out with the bad. Somewhere in between is possibly the best way of thinking about the kind of discipline that may be best for a retarded child. Unrestricted by ideas of what they ought to do or what they just can't do, parents are free to see the child as he is, can work out ways to reach and teach him how to behave.

Often the idea of discipline brings up other words, obedience for one. To be obedient, a child needs to know exactly what is expected of him. Someone has to tell him what to do. This is certainly an important part of discipline for the retarded child. Yet today in our families we feel that there's more to it than this. Home is the place where everyone should feel that he's an important member of a working team, a place where the needs and feelings of all are considered. And, as each member grows in ability and understanding, he's given freedom to make choices and to express his own individuality within the limits of the rights of others.

In order to do this, we have to work on broader objectives than instantaneous obedience and raising a "yes" man. For often the "yes" man secretly fears and hates the one he has to say "yes" to. He's constantly on the lookout for ways to get even or get away with something. Our goal is to teach the child to take over gradually as much of the management of his own life as possible, help him to

depend upon inner controls and judgment that comes from practice in making decisions. For one child this may mean that he actually takes over his own affairs in adult life. For another, someone may always have to guide and guard. To make this guidance acceptable, the retarded child or adult will have to feel cooperation, not fear, toward people who have authority over him.

Whole books have been written on the subject of discipline, and it's still not settled yet. Experience with retarded children has shown that the following points have value.

Let them know what to expect

A day's events flow more easily when they rest upon a schedule or plan. Each individual item in the plan—lunch and nap and so on—isn't open to question. It just is. We don't stop to think any more about why we eat three meals a day or why we wear clothes. It's a habit.

We teach the habit of putting things in certain places, too. "Shoes go by the bed". "Toys go on the shelf". Peace and relaxation can result. Order seems of particular value to certain retarded children.

Friendly firmness should be the basis for discipline rather than punishment.

Through external order, they seem better able to hold onto themselves, keep from "falling apart." In fact, such children are apt to invent order and rituals of their own. They line things up. They can't sleep if the blinds are uneven. They demand luncheon foods in a certain way with a certain spoon in a certain place. From this order, they find security.

Within the framework of schedules and rules, a child has a right to expect consistency and order from the adults who handle him. Exceptions must be made, of course, for adults have varied and complicated demands on them. It really isn't always possible to do the same thing in the same way. And parents, in spite of themselves, do feel differently about a matter from one day to the next. One day there's leisure, the next is feverishly busy and hectic. One day we feel energetic, the next worn out. So we have to find a compromise in actual practice.

But with retarded children, particularly, too much unevenness from day to day seems to create problems. Differences between the parents, too, create inconsistencies for the retarded. Parents should get together on what they ask of the child, and it helps if they even use the same words. Each parent may have to compromise a little in order that agreement between them be reached.

The world becomes a trustworthy place only when the people and events in it can be trusted. When exceptions must occur, it helps to give a clear and simple explanation. "This time we have to do it this way." Sound convinced and sure as you say it. If you give a whole sermon of explanations and discussion it most often is wasted on him.

We remember to tell him before the next step in the schedule. This helps him keep track of things. He's absorbed in his own world, chasing leaves or splashing in the bathtub. He doesn't know that you feel you must get the meat on for dinner, or are planning to have him in bed before the sitter comes. You can say "We must go in after you catch the next leaf" or "Bath will be over soon." This avoids frustrated tantrums, help him shift gears, saves time in the long run.

The child learns that in your calm, easy fashion you mean what you say. Shouts and orders become unnecessary. The chances are good that he'll follow along. If you hesitate, or give in sometimes and not others, even a young child is going to see just how far he can go. Like David, for instance. David is a Mongoloid child. Even at 3 he can be as stubborn as a ton of cement when it comes to leaving one thing and starting the next. He twinkles and smiles, but won't budge. He waves his arms and chatters happily in his own language. When his mother insists that he get out of the bathtub, he insists louder. He howls and hits at her arms as she reaches for him. She has allowed

plenty of time for bathing so she isn't flustered, can take her time as she lifts him out, singing a song about bedtime and slippers. And David gets absorbed in rubbing the soft fur of his slipper and forgets all his objections. If his mother became confused about her requests and let David win, bath time the next night might be even more difficult. And by the time David is 12, possibly no one can get him to do anything.

Schedules and consistency don't do the trick if they don't work, however. If things aren't coming out right, and everybody is perilously close to blowing up all the time, the schedule may need revising downwards. Parents tend to ask too much of themselves, rather than too little. Family living can't be timed like camp life, with a trumpet blow to move the campers on to the next step. Thousands of little things happen and have to be allowed for. There has to be time for a kiss when someone falls down, for finding a new shoestring when the old one pops, for a quick look at the new magazine the mailman brought.

Why did he do it?

A child's actions seem logical and reasonable to him at the time, as he sees the situation. If we genuinely try to put ourselves in his position, we often understand baffling behavior better. Remember, he has a limited knowledge of the world to begin with, has a very different set of values about what is important, and has only the fuzziest notion about time and "later on" or "tomorrow."

Furthermore, he has to learn each thing separately. He doesn't automatically transfer what he's learned about one room to the next. He doesn't always realize that fire in the fireplace is the same as fire in the gas stove. And next day he finds an electric heater. Telling him once isn't enough, either. It has to be gone over again and again. There's so much to learn about the world, and so many of the words we use are not understood. Even if the words are plain enough, a child may have to test it out to be sure it's the same this time as it was last time. What about you and the "Wet Paint" sign? How many of us can resist checking on those words!

Then there's the day when Billy gets into the closet again and you know he knows better. He does it anyway. This is the day when you lose faith in the slow teaching approach. You want to let him know who's boss. You may even want to let grandmother know that you are on the right track, too. She's been telling you all along you were too easy on him. This is the day to stop and look at the situation as it appears to the child, look behind the act to see the reasons for it.

Sure, we can spank or slap or put him to bed, but that's only the beginning. For we never cure the disease by treating the measle spots, or stop the leak by wiping up the wet floor.

What seems like willful stubbornness may be caused by many things. With something so complicated as a child's behavior, the answers are seldom all ready for us: this causes that. Some of the things to look for include:

1. Physical well-being, fatigue, hunger, or onset of illness. Most mothers have felt like shipping an offspring to Siberia one day, and find that the next day he has a fever and sneezes.

2. Think about how things seem to him generally. Is he completely hemmed in by "no" and "stop"? Can he do anything that's interesting, without being forbidden? Is he up against too much competition from his brothers? Do we always compare him unfavorably with his little sister? Are we asking too much—leaving temptation too strong at hand? Do we treat him as if he were more competent than he really is?

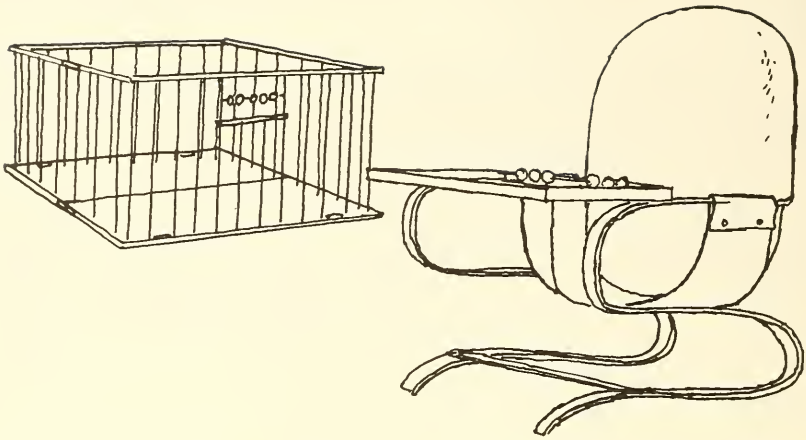
3. Perhaps misbehavior is the one sure way he can get attention. Being "good" sometimes results in being overlooked or forgotten in today's busy world. Being "bad" is guaranteed to bring somebody into the picture, and it's not too high a price to pay if you're lonely or bored. Perhaps we take cooperative behavior too much for granted, forgetting to show pleasure and approve individual, specific acts. "What a good job you did with your applesauce today" or "I like to hear that music you are making" means more to the child than "You're a good girl" or, more familiar, "Be a good girl."

We often get what we expect

And when parents expect satisfactory behavior, they often get it. Some of them, however, always think of the retarded child as the "can't do" member of the family. They contribute to this if they wish to keep the child helpless so they can do more for him, make "it up to him" for being weaker.

The words we select can give a child a pattern for behavior. "Take it to the toy shelf" is a positive action idea, tells him what to do. "Don't make that noise anymore" stops him without channeling activity elsewhere.

A soft quiet voice, directed to the child, is effective. Take his hand or touch him lightly to get his attention. Look at him. If you always use a loud voice, he may get so he doesn't listen anymore.



Some pieces of equipment encourages the child to use muscles needed in walking.

He tunes you out, just as you may do the radio or T.V. commercial delivered in a shouting voice. This is often seen most clearly with the hyperactive, distractible child. For him, noise in general should be kept down. He seems to be unable to sort out different noises, or to blot out constant background sounds like the hum of the furnace or motor of a fan. Each new sound commands his attention, and his mind dashes from one to the other. He rises in crescendo with the noise about him, becoming more and more excited and confused.

Each act stands alone

When Fred pulls down the curtains again, his mother has to struggle to treat it as just that: Freddy pulled down the curtains again. Now Fred has been doing this for days. Understandably, his mother feels that this time he should be punished for all the previous yanks. If the day has been rough all along, she may feel like punishing him also for all the other things that have gone wrong.

And, occasionally, her punishment may include the heavy load of frustration and disappointment that she feels in having a retarded child. This is the "last straw" kind of thinking that leads parents

into harshness and severity. If Fred's mother can deal with one thing at a time, she can handle Fred without overdoing it. Curtains first, bad day second, feelings about retardation another time. She can't solve them all with one spanking.

It's the long range that counts

Individual "battles" and skirmishes seem overwhelming at the time. But in the long run, the easy, steady approach of teaching and re-teaching will win. When adults feel this way about teaching discipline, they stop being in such a hurry. They can give in occasionally. They aren't overwhelmed by past "mistakes" or loss of temper now and then. They don't feel that everything is lost and they must rush in to straighten it all out.

They can do this in many ways. Mrs. Smith gets her son's attention away from the undesirable thing and doesn't feel that she must settle this right now, for once and for all. She tries to give Bill something else to do. She can laugh about the problem, instead of feeling like bursting into tears. She isn't so worried about "losing face" or "letting him get out of hand" or she smooths things over and minimizes the struggle. If she punishes, finally, as a last resort she does so with firmness and a clear conscience that this extra reminder is absolutely necessary. And she works steadily and consistently, each time showing him the right way.

speech

Talking is another of the milestones that stand out in the preschool years. Usually a child begins to talk by the time he is 12-18 months old. He says two or more words in a sentence like "Daddy bye-bye" or "me go home" at 2 or 3 years. If he doesn't, parents want to know why. This failure is like a delay in walking as a signal that something may be wrong.

Talking is a very complicated matter, but like other phases of a child's development, it comes about through gradual stages. Retarded children go through the same stages as other children, often at a much slower rate and a later time. They sometimes seem to skip a certain stage because they pass through it at such a different rate.

It begins with the first sounds a baby is able to make, his cries. Very soon his mother can tell what different kinds of crying mean: the hungry or fretful cry, the tired whine, the frustrated or hurt scream. Laughter is an effective way of communicating, too.

Soon the baby begins to play with sounds he can make, meaningless gurgles, coos and babbles. He picks out some of these to work at. Some like da-da and ma-ma begin to have meaning to him. By and by he learns to use certain sounds or syllables as words we recognize. Then these are put together in phrases and later in short sentences.

How soon the sentence stage is reached varies with each child. The slightly retarded child, as most normal children, first babbles at 5 to 7 months and uses simple words at 18 months or so. For other retarded children babbling may not even begin until 1 or 2 years of age. They may not use words or a single word until they are 3 or 5. Those with specific disorders may need special training to get started. It may take a long time, but almost all can use some speech eventually.

When a child is slow in talking

The first step is to have your child checked by the doctor who will make sure that he is in the best of physical health. If a child is ill or is badly undernourished, for instance, his speech may be delayed, just as he's hindered in other areas of development. Your doctor may also want to check on the possibility of poor hearing or deafness by referring you to an audiologist who is skilled in testing children and has the equipment for such testing. He also wants to be sure there's no physical cause for delay. Malformations or difficulties with the structure of the mouth, teeth, tongue, or vocal cords can cause speech problems.

Next we want to be sure that the child is really mature enough to talk. This means that he would have to be ready physically in his ability to control facial muscles, tongue, breathing and vocal cords and ready mentally to connect sounds he makes or hears with meaning. It helps to take a look at the other things a child can and can't do. If he can't feed himself, for example, he probably is unable to talk because he's not ready. We have to wait awhile. But continue to help him enjoy playing with meaningless sounds and babbles by repeating his own sounds back to him, and keep on talking to him.

Talk to him

It's important to give a child a good pattern of speech to copy. He'll learn to use words only by hearing them over and over again. The pattern he hears should be clear and simple. At first leave out extra words that would confuse. "Time for bed". "Have a drink" are better examples for him to copy than "It's time for you to go to bed now" or "Let's have a drink of water." If he hears "baby" talk,

he'll imitate this, so it's better to avoid giving an example which we'll later need to change.

Call objects by their names. Talk about his clothes as you dress him. Name the foods he eats. Identify parts of his body as he's being dressed or bathed. Mothers ruefully admit that they sometimes go about the house lost in their own thoughts, rephrasing telephone conversations, planning meals, dreaming of shopping tours, and never say a word to the child. Even those who chatted a lot to the baby get out of the habit as he grows older.

It's also important that the child have a reason to talk. He may feel no need if his mother anticipates every wish, or mind reads for him. He needs something to talk about, too. Take him places and do things with him. Let him see cars and fire engines, a grocery with oranges piled high and bright, packages of bread and cereal, a park pond full of swimming ducks.

He needs to feel that what he has to say will be listened to. See that he is given a chance to respond. It helps if he feels that he can do many things for himself, and has a contribution to make to the family in many ways, including exchange of ideas by words. Don't we all know that "Couldn't get a word in edgewise" feeling? Allow time for the slow talker, include him in the conversation over coffee with the neighbor or at dinner time. And listen to what he has to say.

Sometimes it happens that parents become over-excited when a child finally begins to talk. They have waited a long time for Jimmy

Speech starts when mother talks as she feeds, or bathes, or dresses her baby.

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to say a word. They jump on his first "bye-bye" or "go-away" and demand that he say it for sister, say it for auntie, say it for all visitors. And Jimmy is overwhelmed and refuses to talk any more. Like the ground hog who sees his shadow, he crawls back into his hole, too. If this happens, it's best to let Jimmy alone for a time. Next time he emerges a little, accept what he has to say with interest and pleasure but don't overdo it. His shyness and self-consciousness will die down.

Occasionally a child won't talk if he feels "contrary" or feels like getting even with people. If parents handle a child in such a way that he feels frustrated and angry all the time he may refuse to talk. He does not feel respected as an individual.

He understands first

"But he understands everything I tell him": some parents say. "Why won't he talk?" This is true of all children. Understanding does come before the ability to use words. A child first sees an object, later associates the hearing of a word with the object, and still later can form the same word.

A child may be understanding what we say from clues other than hearing words only. As we talk, we use gestures, point, look at the object, use facial expressions, shrug our shoulders. And the child may get as much from these silent clues as he does from the words. This is good. This is one way in which words take on meanings, especially words which are not names of things but which express an idea or an action. "Go" for instance, takes on meaning, if the child sees the mother start toward the place she mentions. "Good" is expressed by the mother's eyes, sound of her voice, lines of her mouth and the smiles of others in the room. This expressive way of talking has special value for the child who is having trouble learning to speak.

We give words meanings by using them over and over again at a time when they have meaning. "Cat" doesn't mean anything unless the child has seen a cat. He still knows only one aspect of cat until he feels the warmth and softness of the fur, the rough tongue, hears a "meow", knows what cats like to eat and perhaps feels the sharpness of a claw. Then we can show pictures of cats, and tell stories about cats. By that time "cat" means a whole series of things.

Read to him

Learning to listen is an important part of learning to speak. A father can tell a story to his child at bedtime about his trip to the office. Or you may want to find books which tell stories about events

that he has seen or done, the walk he took and the sights he saw. Keep stories short. Make sure they are full of color and movement and sounds. After all, this is what makes television so popular when compared to only words, words, words.

It's hard to find books for very young children with short and simple ideas. Often you can abandon the story in a book and make up your own satisfying short sentences about the pictures. Or make your own book, using clear colored pictures about everyday events. Paste them on an old window shade, cardboard, cloth, or wrapping paper cut to page size and held together by brads, yarn, notebook rings or staples. Use single words and as few as possible. Sometimes we literally drown our listener's attention with too many words and details.

Some phonograph records are available which encourage listening and speaking. Or you and the child can listen together to a short radio program or a T.V. commercial and talk about the familiar story it tells.

To increase a child's understanding of directions some tricks can be kept in mind. Be sure he hears and sees you talking to him. Stoop down to his eye level. If you chat way up high or clear across the room, he may not realize you're talking to him. Reinforce what you say with gestures. Give your instructions in simple language, in the order you wish things to be done.

One mother noticed clearly how important this is. If she said, "Timmy, take the glass to the table in the kitchen," Timmy would put it on the nearest table, right where he was. If she said, "Timmy, take the glass to the kitchen and put it on the table" Timmy would trot off to the kitchen and place it correctly.

Be sure to break the ideas down into one or two points at a time. "Let's go in and get ready for lunch so we can go shopping for a new doll" gets too many things mixed up. "Lunch time now. Later we'll buy a new doll" might keep the thoughts better organized, get the two important ones across. Later on, the number of items can be increased.

Sing to the child. Never mind how croakish you think your voice is. Many children can sing back before they can respond with words.

Just the beginnings

It can be very frustrating and tedious business to go on talking day after day to a child who doesn't respond. It's only possible when the parent realizes the value it has for the child. Try to be relaxed and patient. Don't get upset and tense about it. Talk, and laugh, and

sing to him. Talk as you play with him, talk as you dress, feed, and bathe him. Our goal in the preschool years is that he begin to understand and use words.

If you are still troubled because your child is slow in talking, try to have him examined by a team of specialists such as you might find in a diagnostic or rehabilitation clinic for crippled or retarded children. If your community doesn't have either, ask your doctor or the local superintendent of schools for information. Speech centers are sometimes located in hospitals or universities.

Special speech training is usually given in short periods, once or twice a week. Since parents are with their child a great deal more, they are often asked to continue the speech lessons at home, daily. They are told what to work on, and how to do it. Home work adds a great deal to what a child gets out of speech teaching, especially if parents can make it fun, just like the fine times the child has in class. The speech teacher won't want you to over-do it—working as if words were teeth that could be pulled out. Speech teachers discourage parents from punishing a child who won't talk or ask for things. Punishing a child by not giving him a drink, for instance, when he only points to the faucet usually won't get the child to talk any sooner. Praise for effort may succeed much better.

It is important to remember, however, that some retarded children never learn to talk like normal children, or even, unfortunately, talk at all. When this happens, it is because adequate speech is beyond the child's mental capacity, and not due to any omission by the parents, or any fault in their care and training of the child.

play

When we think about play, we think about childhood. We expect children to play. Most of them do. They play hard from dawn to dark, and even want to keep on when they're supposed to be doing something else like eating or sleeping. It comes as a surprise, then, when a child doesn't play like others. Parents of retarded children often list this first in talking to a doctor. "He won't play with anything" or "He wants to follow me around all the time."

We know that a child learns from his play. He finds out how to use his body, he discovers what's in the world, and begins to find out about other people. This is his work. So parents of retarded children worry when their child doesn't play. They're actually expressing concern that he isn't learning anything and feel helpless when he doesn't play naturally. They're baffled to know how to keep such a child busy. What will he do with himself?

Play, like all of a child's growth, unfolds from very simple beginnings and goes on to much more complicated activity. It starts with the fleeting smile of the baby as he watches a tree leaf dance in the breeze. It increases in complexity to adult life with highly organized team play involving special equipment, like a game of bridge or charades.

More and more abilities become woven into the play fabric as we move from babyhood to maturity. For most retarded children, the same pattern is followed. They start with the simplest beginnings and move along the scale. How far one travels depends upon his intelligence, his special disabilities, and the help he receives along the way.

Children show great individuality in their play patterns from the very earliest months. One child will amuse himself for long periods of time with a simple assortment of objects, another seeks companionship from the beginning. But most children are alike in their need to have a wholesome amount of freedom in activity, not being too tightly curbed in. They do need to touch, to handle and to climb. If some space is provided where such activities can be safely indulged in, reasonable restraints can be placed on the child in other places, like the kitchen and living room which are shared by all of the family.

Rough at first

To start with a child plays alone, pretty much unaware of others. Gradually he begins to enjoy having another child around. The two aren't playing together, really. They're more like a couple of goldfish in a round bowl. They move around and around, occasionally running into each other. Sometimes they fight over the same toys, or watch something together. They watch each other. They laugh together.

At this first social stage, children are quite uncivilized. They haven't much notion of etiquette. This is true of all children, not only retarded children. Watch some toddlers at a playground. They bite each other, shove, push. They don't say hello or wait for an introduction. Sometimes you think one child pushes another just to see what the one pushed will do. The pusher may look very surprised when the other child cries. Sometimes it looks as if the pusher knows very well his shove will hurt, but he pushes because it's a sure way of getting his point across. He really wanted to get into the sandbox, NOW.

All of this is perfectly natural. But when a child is retarded, his parents sometimes have a particularly difficult time. First, he may be considerably bigger physically than others by the time he

reaches this stage of play. His bites and pushes are harder to take. They may actually be dangerous to other children. Second, the parent may find the opinions of other parents extremely painful and hard to accept. The child exposes the mother to criticism and the stares or slights of others. She feels like rushing home and hiding.

It's hard to remember that any child requires a practice period before he can reach the next stage of play when he really cooperates and works with another, a practice time with help from adults who show him how to behave. We know that children bite, shove, grab because they haven't yet learned better ways. So we teach. If we punish, it's apt to make the child fear us instead of helping him learn what's right.

When a child bites, for instance, his father or mother will not want to punish him by paying him back in kind, by biting him. This would, in a way, give approval to the boy's action. When a parent behaves this way it doesn't make much sense. A child learns to respect the rights and feelings of others as we respect his rights and feelings.

When he's with other children, try to stay close by. Keep the play time short so that he doesn't become over-excited or confused or tired. Haven't you felt like socking someone who stayed around too long? Step in and stop him if he hurts another child. Stay with him, hold him, calm him down, and help both your child and the other one feel good again. This is better than putting him in a corner or sending him out of the room. You help him know what to do, show him how to get the toy, help him wait for his turn, and make sure he doesn't have to wait too long.

You can say "Three more rolls with the ball now, Jimmy. Let's count them, one, two, three. Now it's John's turn." Don't ask your own child to give up all his favorite toys and share everything. This is asking too much of any child, and can tear down what you're trying to teach him about property rights. "This is yours, this is mine." If all "his" has to be shared with a visitor, he can't learn what ownership means.

Give the child words to use. "Please." "My turn."

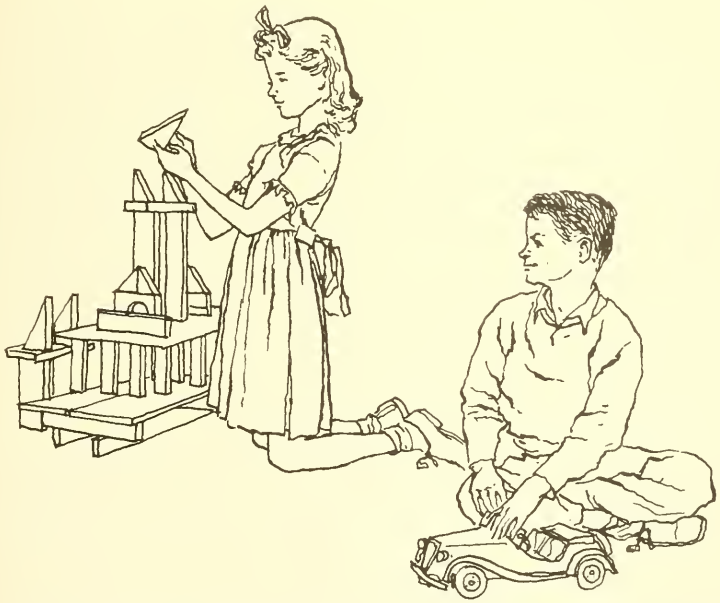
Wide, open spaces

Children at this stage need a lot of big muscle play and space to move around in. They're still awkward, bump into things, fall frequently. They like to run, climb, stack and throw things. They like big boxes to push around, a wagon.

It's good to plan as much outdoor time as possible, especially if your home is crowded. Select toys which aren't too complicated. Sand always "works" for instance, and a ball always rolls. To build with tinker toys or string small beads requires skill not yet present. The child gets tense, gives up, dumps everything out, throws it.

Be on the lookout for toys which don't break easily. If playthings are easily broken, the child may get into the habit of being destructive with everything he uses. Big rubber balls or inflated toys which can be pounded and pummelled provide a way to let off steam. This is the time when the "educational" toys bring pleasure—the wide variety of brightly painted wooden toys with wheels or forms to fit over wooden dowels. Many of these can be made at home. Be very sure that paint used is free from lead. Retarded children are apt to chew on playthings. For more quiet times, very simple puzzles with 2 to 3 pieces, dolls, and picture books are useful. Other suggestions are made at the back of the manual.

It's time to begin teaching your child how to take care of his things. He can help you pick up when play time is over. First he may hand the toy to you. You put it on the shelf, or into the carton where toys are kept. Then he can put it in the proper spot himself. He'll need your help with this job for a long time. Gradually he can



Tom's play is simpler than his sister's but they can enjoy each other's company.

take on more and more of the task. It helps if you have one or two regular times each day for picking up. You need to allow time for this in planning your day.

Working with others

Eventually, you want your child to be able to cooperate with other children. This may not come until about the time he is ready for school. Some children never develop sufficiently that they can really work with others, they stay pretty self-centered. But most become able and eager to play with brothers and sisters or friends. When they begin to talk this is easier.

If a retarded child is an only child, his mother may have to make special efforts to find friends for him. It's sometimes useful to seek out another retarded boy or girl at roughly the same stage of development. Mothers can sometimes "baby sit" for each other, not only giving one mother a little time off, but giving the two children a good time. Or the mother may have to specifically invite a neighbor child to come to play at a certain time, making the guest feel especially welcome. You can't always count on the neighbor children to come of their own accord.

Brothers and sisters

The retarded child who has brothers and sisters to play with is fortunate. However, things may not always go smoothly even then, and parents are plagued by problems that come up between the children. What is fair to each child? What shall we do about constant fighting? How do you protect an older child's precious school papers from the retarded child? How can you keep the baby safe from harm?

Parents of normal children have to deal with these same questions. They may appear to be more difficult if one child is retarded. Often, however, the problem is no more serious but solving it may take longer and more constant effort.

Some of the problems evaporate with time alone. As the baby grows older and requires less care, his mother has more time for the older children. How the children get along with each other changes with time, too. The younger boy may surpass the older retarded child in ability. The scapegoat role may then be reversed. Instead of protecting the younger child, the mother finds she has to be on the look-out to keep the retarded older one from being teased or left out too often.

A retarded child most certainly does affect the life of a family.

For instance, outings may have to be curtailed, or one parent may have to stay behind with the child who doesn't travel well, or who gets upset by general excitement. Resentment and jealousies can result. Problems may deepen as the normal brothers and sisters grow older, too. Many of these problems are relieved and family unity achieved by even simple adjustments. For example:

Accept the fact that the retarded child may have to be left behind frequently; budget family income to provide for his care by a relative, friend, or hired practical nurse.

Use a high school girl in the afternoons to let the mother get out with normal children, or vice versa.

Give careful attention to the needs of the normal children, even if it means occasionally omitting extra things for the retarded.

In general, how all brothers and sisters get along seems to be pretty much the same, whether there is a retarded child or not. It takes the same wise, patient thoughtfulness for the welfare of each member of the family. Some days are better than others. Some are downright impossible. As the weeks and years go by, it's the sum total that counts. Fun shared and troubles worked out add up to happy family living.

Each child is different

Enormous differences in play behavior are seen. Some retarded children get stuck with one way of doing something. They may steadily flip a paper, spin anything round, dangle a rope, seek boxes with lids. The parents may hide the favorite, only to have the child find a substitute. Some children dash for water, wherever it may be found. Another may line objects up, spacing a row of cars or blocks just so. Still another may spend hours with a record player, putting records on and off. The child who doesn't get stuck in repetitive play may do very little with anything, just handle toys superficially and move on. Or the child may have nothing to do with toys, but may dash around, getting into everything.

No one recipe can deal with such a variety of behavior. You might consider the following general suggestions in the light of your child:

1. Keep only a few toys handy. Put others away to bring out as needed.

2. Play with your child, show him the possibilities of things, enjoy what he does with a plaything (not necessarily what the manufacturer had in mind). For instance, show him how to drop clothespins in a milk bottle.

3. Remember that toys don't take the place of the interest of parents and friends. If a child is expected to play alone for hours at a time, he may begin to suspect that "Play with your toys" means "Take yourself out of my way."

4. Try to permit a wide variety of activity. Play isn't always quiet and "good." Sometimes it's noisy, looks purposeless, and is downright inconvenient. "Well, he likes to look at TV" is a pretty thin slice of the play world. Play isn't always smooth by adult standards, either. A certain amount of friction and squabbling is expected.

A child who has trouble dressing still has fun in "dressing up" in old clothes.

5. Stop play which is dangerous or unfriendly. Follow this by showing the child what he can do. For instance, while indoors you'll want to stop a child from throwing a baseball. You might suggest instead that beanbags be tossed into an empty wastebasket.

6. Try to get him materials which are suitable for his ability and interests. As he grows more skillful, more complicated items can be added. Usually, however, parents are too eager to move too fast. We can see this easier with others, and smile at the father who gets his son a chemistry set or an electric train long before the child is ready to give up playing with sand or pushing boxes around.

7. If you have a yard, even a small one, make a corner of it attractive to children. Fencing a portion helps tremendously with very active, restless children. Find playthings which can be moved around and used in lots of ways. Try to allow a space where the child can dig. Imaginative play seems to flow from an abundance of raw materials—boards, boxes, a place to climb—rather than fixed, static items like a swing or slide.

group experiences for young retarded children

After a child has learned how to play with others for short periods of time, he may be ready for a more formal kind of plan like a nursery school or day care center. Not all children live near such schools, nor are all ready for the experience. But when a child is mature enough, going to nursery school has the same values for the retarded child as for any other.

Schools for preschool children have become popular for many reasons. A good one gives a young child a chance to enjoy other children and adults. There is a patient, understanding adult to help him learn how to get along with people. The school has toys and equipment often not available to children who are kept close at home.

Children often talk more and better when they're with other children. Parents profit, too. They understand their own child more fully after seeing how the school plans for other boys and girls of his age. And it means a great deal to many mothers to be relieved of the full time care of the child. Then the hours which mother and child do spend together can be more fully enjoyed by both.

Some retarded children may be able to attend a nursery school planned for normal children. At 5 years of age Betty, for example, fits very well with children slightly younger than she. She's just a little behind and needs a nursery school type of program rather than kindergarten.

At the present time, many nursery schools refuse to enroll retarded children who would do well and who would require no special planning by the teacher. When parents of other children and the public in general better understand the nature and needs of retarded children, more nursery schools will include retarded pupils. For some retarded children, however, a nursery school just for them is needed. In many communities parents themselves have had to take on the job of setting up such a group.

Like all children the retarded needs help in understanding the rights of others.

No matter what type of group experience you decide to use (or assist in forming) certain standards or guides are available to help you. These have been developed over the years with the help of such organizations as the Association for Childhood Education, International, at 1200 Fifteenth Street, N.W., Washington, D.C., and the National Association for Nursery Education, 155 East Ohio Avenue, Room 200, Chicago 11, Illinois. The Child Welfare League, 345 East 36th Street, New York City, has been particularly concerned about standards for day care centers.

In many states, such guides have become laws. In your community you can find out what kind of regulations have been adopted by calling your health, education, or welfare department. In some states, only the health regulations are reviewed. In others, only zoning restrictions are considered. In a few states, the training of the staff members and their fitness to work with young children are also evaluated. Since regulations do vary, you'll want to find out what your state considers before it grants a license to operate. Simply being "licensed" doesn't always mean that the school has good educational standards.

Here are some things to look for in judging any preschool group:

1. Do you like the atmosphere, the feeling, of the place? Would you like to go there yourself?

2. Have you been welcomed as a visitor? It is always courteous to make an appointment ahead of time. In this way, you'll be sure to see the part of the program you're most interested in (and not arrive while all the children are napping). Also, the teacher can arrange her time so that she'll have a few moments to talk to you.

3. How many children is each teacher responsible for? No matter how good a teacher she is, she can't divide herself into too many parts at once. At best, she has only two hands and two eyes! Good standards suggest that there should be one teacher for every eight 3 or 4 year olds, or for twelve to fifteen 5 year olds. For a group of retarded children, even more teachers are necessary since these boys and girls might be at a lower age range in behavior.

Furthermore, it is desirable to have two adults present for any group, no matter how small the total number of children. In other words, eight 3 year olds would require two adults, since one might have to leave the group for some reason, such as to answer the telephone, take over an emergency, or deal with a sick child.

4. What kind of professional preparation should the worker have? Of course, she should like young children. Without this, she can't bring zest and joy to her work. But in addition she needs special training in order to meet the very special needs of the children. You might find it hard to ask her directly about her training, but if it has been adequate, she'll be glad to tell you about it.

5. Is the group small enough to insure calmness and order? Young children are easily confused by crowded, noisy situations. Therefore, it's wiser to keep the group small, probably not more than

20 children. For retarded children, about half this number proves more workable. More children may be enrolled in the whole school, of course, but the separate groups should be small.

6. Is there enough space for children to move freely? Thirty-five square feet of usable indoor play space per child is the suggested standard. This excludes space used for halls, storage, closets, kitchen, and so on. Outdoors, there should be from 60–100 square feet per child.

7. Is the program well planned for young children? Are there enough equipment and play materials? Do the toys have a used look? Children don't grow in skills if their toys are kept up high on a shelf. Is there a good variety—things that go, things to build with, to work on, to puzzle over, to handle and smell and touch and enjoy?

8. Are the health provisions top notch? The school should have a doctor on call. Health inspection each morning on arrival is a rule in a good school. This is done by a nurse or especially trained teacher. But all the staff has to be alert for any sign of illness during the day. Children don't always oblige us by looking sick at exactly 9 o'clock each morning! A room is needed where a sick child can stay apart from others until he can be taken home. These health provisions are of great importance since young children are more susceptible to infections, and are in greater danger of complications resulting from what may seem to be a minor illness.

Conditions which affect general health, such as cleanliness and sanitation, are important, too. The safety of the children (both in lay-out of rooms and programs) and good nutrition (a snack for a morning program, nourishing lunch for a day school) are harder to judge but must be considered.

Always visit the group before you enroll your child. It's better to visit two or three so that you have a good basis for making a selection. Most groups like to have the child visit, too.

When a child is retarded, it pays to talk frankly with the director about the problem. Sometimes parents fear that talking to the staff about the child's difficulties will result in his being turned down. They feel that if they can just get him started, things will go along all right. Now it's true that many groups won't take a retarded child. On the other hand, many times a child is accepted but is unable to make adjustments and has to be withdrawn.

If the director is able and willing to admit the retarded child on

trial, a good history and background picture of his life helps. Then the parents and teacher feel a partnership and the child gets off to a good start because he's placed with the group of children where he can do his best. He's protected from too great a strain.

Not all smooth at first

It takes a while for most children to get used to leaving home for the first time. Retarded children are like the others in this, and in the variety of ways they show it. Parents can expect some disruption at first. Talk with the teacher about a plan for the first few days. Perhaps you'll decide to leave the child a short time at first, or that you should stay with him a day or two. Take a positive attitude about this step out into the world. If a mother apologizes to her child for "sending him away from her" or hangs back herself at the gate, the child may suspect that something is going on he doesn't understand, or may feel expected to kick up a fuss.

At first allow extra time each day for getting ready for school. If the whole morning has been a rush, everyone arrives exhausted and tense.

Don't feel too deflated if the child loves it from the start. But if there are tears or complaints, give the school a good trial. Teachers feel that it takes 6 weeks before a child really feels sure about this new experience. Often a retarded child needs longer than this. After this time, if he still dislikes to go, cries when left, or seems unusually tired or upset when he returns home, discuss this with the teacher. It may be that he should be withdrawn until he's somewhat older, or an effort should be made to find a group into which he can fit more readily.

Sunday School and other groups

It may not be possible to send a child to a daily nursery school. Perhaps you can't afford to pay tuition. Maybe no schools exist in your town. Or your child may not be ready for a daily program. Many times a child can start more gradually into a weekly program like a Sunday School. Some children can fit into regular classes since the time spent is short. Special groups for retarded children, often sponsored jointly by several churches, are now widely found. A Sunday School class should meet the same requirements as a daily nursery school in standards of space, health, number of teachers, provision of suitable equipment, and program.

If nothing else exists, mothers sometimes find they have to get busy and work out a plan of their own, including a few neighborhood

or other retarded children. Frequently several mothers can share the responsibility. It is usually better to keep it small—with two or three children only. Try it a few regular mornings a week.

On the days the play group meets, keep yourself free to be with the children and forget about the dishes, making the beds, and the chocolate cake for dinner. Mothers working with a group of this kind may want to read a book written for nursery school teachers to get ideas and encouragement. When you start out, you might find these pointers helpful:

1. Plan the morning. At first, write this down. Alternate active times with those more quiet and restful. Provide a small snack, like fruit juice and cracker mid-morning. This replenishes energy before little ones become irritable and is also a pleasant time for sociable chatting. A sample plan might go like this:

9:30–10:00	Arrive, take off wraps. Play with toys. Put things away at end.
10:00–10:15	Go to toilet, wash hands.
10:15	Juice and crackers. Tell a short story or sing as the children sit at the table.
10:30	Rest 5 minutes. Play soft music on phonograph.
10:40	Dress to go outdoors. If it rains, use magazines, scissors, paste. Plant carrot tops in jar lids.
11:30	Go home.

2. Allow plenty of time for putting on outdoor clothes, washing hands, going to the toilet, picking up toys, and so forth. These tasks are an important part of learning. They are not secondary or incidental.

3. Provide enough toys and play materials for everyone, without letting the place become cluttered or disordered. Your own child shouldn't have to share his favorite things all the time. Try to have equipment which has many uses and appeals to children over a wide range of interest and ability. Blocks are a good example of this, as big and as many as you can afford.

4. When children are playing freely together, slip off to one side and sit down. Step in only when it's necessary to protect a child from another much bigger or stronger than he, or to suggest new activities before they tire of the old one and friction begins. Other-

wise stay out of it. The children will learn from each other.

5. You don't need to get involved in messy materials like clay or finger paint unless you and your home can stand it. These aren't essential at all—nice but not necessary. If there isn't extra help for cleaning up, these may take more of your time than you can spare.

what about psychological tests?

At some point during the child's early years, he may be given a psychological examination. Often this is one part of a general study made at a hospital or clinic. In some instances it may not come until later, when a plan for school is being made. Whenever it's done, afterwards it may seem to parents that many decisions about their retarded child's life are based on the results of that test; for instance, the kind of special training he may be eligible for or the age at which he can enter a certain group. Actually, such decisions should not be based on psychological test score alone. They are considered along with many other things about the child's life.

The test scores may be expressed in numbers, as with an I.Q. or intelligence quotient. Sometimes scores are expressed in years, as when a child whose birthday age of 5 shows abilities similar in most ways to those of a child of 3. The psychologist, or doctor, discussing the test with you may use this method.

When the mother and father hear such terms they may look knowingly at each other and agree that they had felt Johnny was more like a 3 year old in many ways. "Not altogether, though, for he's bigger and he's outgrown the need for naps. And in talking, he's even further behind." They'd been able to judge their son's development pretty closely.

Measurement in terms of years (mental age) can help the doctor or other workers and the parents in planning home training. It will help them set tasks in keeping with the child's ability and know what next steps he may be ready for. It reinforces their own observations of the child.

There is still another way of expressing psychological test results. Instead of using a number or a mental age, psychologists often feel that they can give a better picture by expressing the results in levels. A child, for instance, may be growing at a moderately retarded or borderline normal level. The words used may be somewhat confusing, so the parent can ask what this means in terms of training or expectations at present, as well as in the future.

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Since parents are often concerned about the tests, it may help to describe briefly what is done.

Toy-like materials that are fun for children are used. The child is asked to do very simple things at first, and gradually the tasks get harder. The materials he uses are bright and interesting. This is usually a happy time for him and he enjoys having the earnest, sympathetic attention of the friendly adult who has so many boxes of toys.

The psychologist asks the child to do things which measure many different kinds of abilities. These tests have been given to thousands of children, all kinds of children. In this way, a child's performance is compared to the way an average child will do things at a certain age.

Before your child goes to take a test you can tell him that he will see a man or lady who will ask some questions and play with him. Since your child may hear the psychologist being called doctor he might need to be told that this doctor does not give shots. Assure him that you will stay close by.

Parents can help most during the testing time by taking it easy. The psychologist may invite you into the room where the test is being given if he feels that your child will be able to work better with you nearby. Try to be no more noticeable than a chair or the wallpaper. Let the child and the psychologist get together. Don't interfere or explain everything your child says. If you feel that he could have done better on one item or another, talk it over later with the psychologist.

What does it mean when we said earlier that Johnny has a mental age of 3 years? Well, a normal child of 3 should be able to take off simple clothing, put on underpants and shoes. He should eat with a fork, get a drink by himself, wash his own hands, unbutton medium sized buttons, stay dry. He should use some words.

If Johnny isn't doing these, other questions need to be answered. Does he have a physical defect which makes certain of these things especially hard to do? If not, does he have a chance to do them? Have we ever thought of teaching him how?

If you wonder what to expect of a child at any age, you might wish to consult such a bulletin as "Your Child From One to Six" published by the Children's Bureau (see final page of this pamphlet).

There's more to it than I.Q.

Achievement, whether expressed in mental age or I.Q. or level of ability, is only part of the story. Human beings vary widely in other ways than just brains. These are personality differences, emotional qualities. Certain psychological tests can give us some idea of

this part of a child, too. Is he timid? Fearful? Aggressive and dominating? Immature and babyish? Now these qualities vary not only with the individual child, but change at different ages. For instance, we expect most 9 months old babies to show an unusual amount of shyness. They may cry when a stranger approaches, want only mother. At 12 months this begins to lessen. Therefore, any child's behavior is viewed against the expected behavior of a child of his mental age.

The story of Susie illustrates this. At 5 years of age, Susie wasn't having much fun, nor were her parents. Susie cried "all the time", spent a lot of time sucking her thumb, couldn't bear to be separated from her mother, wouldn't play with other children. She'd watch, but was easily frightened and screamed when she got accidentally bumped. Susie talked well, could play nicely if mother was near, and could work puzzles with ease. The doctor agreed with Susie's teacher that she wasn't ready for kindergarten. But he wanted to get a fuller picture of this confusing little girl.

The psychologist did find that Susie was somewhat retarded in her mental growth, doing more what we'd expect of a 4 year old. In emotional and social development, however, Susie was "stuck" in earlier ways. She would cry when the psychologist wanted to put away the beads and get out the next test toys. She insisted that her mother hold her on her lap during the testing. Her mother tried to help by repeating the psychologist's instructions, sometimes almost wanted to answer the questions for her daughter. Susie would give up without trying very hard.

Susie's parents need help in understanding why she is so much slower in emotional development than she is in mental growth. What had happened to cause this to be so uneven? What could the parents do to help Susie grow up a little faster? Catch up with herself? Here was a case where stunted personality growth was more important than mental retardation in holding her back.

The parents, psychologist and doctor could get together to puzzle out these "whys" and work out ways to help Susie meet life more like a 4 year old than a 2 year old. At such a time, other specialists may be brought in to help, such as a social worker and a public health nurse.

A psychological test may be repeated in a year or two in certain situations. This is done to check on the general trend of growth. A re-test can also measure the effectiveness of ways of handling the child. Susie, for instance, may still have the same I.Q., this time based on a mental age of 8 years and a birthday age of 10. But she may be easier to test, be more comfortable with the psychologist, and

show in many ways that she's growing in a wholesome fashion, both mentally and emotionally.

A psychiatrist may be consulted

If Susie did not respond to efforts to help her feel and behave in a way more appropriate to her mental ability, a child psychiatrist might be consulted. Some parents become alarmed at such a suggestion. They have felt that psychiatry is for treatment of the insane. Such parents don't realize that the psychiatrist can help them understand why Tom or Susie is so unhappy or so difficult to live with. Being retarded doesn't necessarily mean that the child has to be upset, nervous, or mean.

The psychiatrist tries to unravel all the mixed up feelings and attitudes which make the child behave as he does. He plays with him, begins to see how the child views the world and the people in it. He tries to see what things mean to the child emotionally.

The psychiatrist discusses what he finds with the parents or with someone in the clinic who sees the family. Together they work out a plan for treatment. This may be special play sessions with the child, for the parents a chance to talk over the problem at some length with a social worker who is trained in dealing with feelings. The plan may include choice of a school, a change in home routines, or other provisions.

The help of a psychiatrist can be as helpful to parents of a retarded child as to those of normal development in preventing and treating emotional problems.

SCHOOL DAYS

Going to school is a milestone which overshadows all others in the mind of a child. Parents, too, find deep satisfactions and recall many fears and trepidations when they think about first school days.

How we grownups feel about school can often be traced back to our own childhood: new friends and the good feeling of being part of a group; the teacher who was so kind or so much fun; the thrill of catching on to an idea and accomplishing things. We may be able to laugh at the fears now. Fears of getting lost and not finding the

way home, fear of being laughed at or not belonging, fear of not being good enough.

Parents of a retarded child may have special fears. It helps to know that schools today are much more aware of the needs of different children. Good schools try to plan a program just right for a child, a program designed so that each one knows he's "good enough". It helps, too, to know that all of the patient work and effort of earlier years is preparation for school days.

Chasing down the birth certificate and buying a new pair of shoes is the last flourish on the process which parents have been working on all along. They have been helping their child get ready for school as they:

1. Give him a good start physically and keep regular check on his health. (They know he can't go forward mentally if he's held back physically.)

2. Help him learn to take care of himself, to dress himself. (They know that he gets along better when his clothes are easy to handle.) Toilet train and teach him to take care of his possessions.

3. Give him a chance to contribute to the family household tasks. (Put his own toys away. Give him a pet to help care for. Let him pick out certain items at the grocery.)

4. Help him with talking and learning to listen.

5. Let him get used to being without their presence for short periods of time. (The child who is being asked to get along without his mother for the first time when he goes to school is so overwhelmed with this that he can't even consider the problem of getting along with teacher.)

6. Help him learn to play with other children.

7. Teach him to accept discipline, the "can and can't do" that go along with living with other people. (The mother who waits for the school to teach her Tommy how to behave, saying "He'll get over that when he goes to school" is giving the school too much to do.)

8. Provide a wide variety of experiences with the world, as much as the child can take. (Trips to the neighbor's, into the town with its parks and stores, filling stations, zoo, fire station, and into the country to see farms, rivers and streams, a forest.)

As you consider school for your child, you may want to read "Preparing Your Child for School" which was published by the Office of Education. This 23-page pamphlet (No. 108) costs 15 cents and can be gotten from the Superintendent of Documents, Government Printing Office, Washington 25, D. C.

School means different things

At the age when most children are ready for school, a retarded child will probably fall into one of three groups. He may be so handicapped that no one considers sending him to school. Perhaps he isn't walking yet, and may never walk or feed himself or be toilet trained. Someone will always have to watch over him. As time goes by, it becomes increasingly difficult to take care of such a child at home, and his mother and father will probably want to consider the advantage of an institution.

Other children are less retarded. Let us look at two or three of these.

Many fit into special classes

The greatest number of retarded children will be like Jane, who is considered mildly retarded. At 6, Jane is nearly ready for school. Perhaps her family hasn't given much thought to her slowness before, she's been slow all along. She sat up at around 9 months, and was nearly 2 before she walked. She's been clean and dry since she was 3, and gets along well with the other children in the neighborhood. Jane usually does what they're doing, doesn't act as the leader.

She has stubborn moments, sometimes caused because she can't make herself understood too well. At home she fits into the family about like any other 6 year old. She has to be reminded frequently to do things. She isn't trying to read daddy's newspaper like the girl next door, and her pictures are just scribbles although other children her age are drawing houses with chimneys and windows and flowers.

Jane's mother wonders if she will be able to get along in school, but decides to send her anyway. Jane loves school, and at first she keeps up by watching the other children and does what they do, just as she has done in the neighborhood all along. When the other children begin to use reading charts and counting discs, she puckers up her face and gets worried wrinkles in her forehead, and can't get the same answers the others do.

She's good at cleaning the bookshelves and washing paint jars, but she can't work alone at her seat. Following the teacher's directions

to color two balls blue and one green is too difficult for her.

Jane may spend an extra year in kindergarten or first grade. Then it becomes necessary to make special plans. Jane can't keep up with the other children and will soon lose her pleasure in attending school, since the difference between what she can do and what the others accomplish gets steadily wider.

The teacher discusses Jane's slowness with the proper school official. Usually a psychologist will test such a child. The doctor should see Jane to be sure that no physical defects, which can be corrected, are interfering with her school work. For instance, Jane might not be able to hear well enough to understand directions. All of these people who study Jane will look for emotional problems which might cause slowness. For example, Jane might be afraid to try for fear she wouldn't succeed.

After the school people have talked it over, Jane's parents may be asked to come to school to talk with the teacher. The school tells Jane's family that she's not ready for second grade work. She's growing at a rate about two-thirds as fast as other children. She falls into the group which is sometimes called "educable". This group

The child who lives in a rural area may need special help in finding companions.

includes those who develop somewhere between three-quarters and half as fast as others. They can go to a limited point in school work. Most school systems in this country today have provided for this kind of child through special classes.

Work toward independence

The school plan for Jane, as for all other children, is to teach her to live happily, using all of her capacities, as a useful and contended citizen. In Jane's case, as a mildly retarded child, the school will try to teach her to get along on her own. Jane will need to learn what is going on in the world by every means that can be made available to her. She may read well enough to enjoy simple books and newspapers, or she may only recognize enough words to get around easily and safely: traffic signals, street car signs, "poison", recipes, advertisements.

She will be taught the meanings of words so that she can enjoy and get a lot of valuable information from radio and television. Jane must know how to get along with people, what they can expect of her, and what she can ask of them. She'll need to know both how to work and use leisure time well. She may marry and will need to run a home and take care of children. Whether she marries or not, she'll buy food, clothing, and recreation and will need to know how to manage money and make choices.

The special class will have fewer children than in the regular grade. It will probably be just one room in a school building which has many other regular classes. The special class pupils will be with the others on the playground, at lunch, in functions involving the entire school.

Some differ more

At school age, Bill is far from ready for the usual school program. He still doesn't take care of his own clothes or dress himself too well. He stays dry most of the time, but needs reminding to go to the toilet. He has to have help with buttons and getting his shirt tucked in. He eats by himself just fine. He has a vocabulary of about 20 words which he usually uses one word at a time. When he does use sentences they may be no longer than "put it there" or "give me". When said, they sound like only one word. It may not be safe to let Bill cross a busy street alone.

All of these abilities show us that Bill can learn, and is learning. However, he learns so much slower than others that now, at age 6, he still has trouble using his body efficiently, talks poorly and little,

can't follow simple directions, concentrates on one thing for only a few minutes at a time.

Many people might say that Bill isn't ready for school at all. He isn't ready for the kind of school we usually think of where reading, writing, and arithmetic are taught. He may never get ready to learn these. We say "never" because we know that physical and mental growth stops somewhere in the late teens. By that time, Bill's growth will stop even though he may have only reached the ability of a child of 7 or 8. He'll keep on learning new things, but they won't be more complicated than what an 8 year old can do. He'll keep on growing in social maturity though.

Training is the key

Bill falls into the group of children who develop at less than half rate. These are called "trainable" by some people. To them, trainable means that a child can be trained to do many things: to care for himself, feed himself, take a bath, watch out for usual dangers.

He may be able to work under supervision at dozens of useful tasks, such as setting the table, washing dishes, cleaning cars, taking care of lawn and garden, refinishing furniture, agricultural jobs. In fact, such a child may be more careful and willing to do such routine chores than his normal brothers and sisters would be. However, he gets thrown off when the unexpected comes up. He can't make choices, isn't sure which course to take. He does best when everything is in place, when the task has only a few steps which follow each other.

In washing dishes, for instance, he learns to do first glasses, then silverware, plates, pans. If there aren't any plates one day, the trainable child will have to ask someone before he goes onto the pans. He doesn't automatically skip steps in the process when it's once learned.

Bill's school will try to teach him to do useful tasks at home, or work at a job which is protected from usual competition or lead a productive life in an institution. He'll need to learn to listen to instructions, how to get around, how to care for personal needs. He may never be able or want to assume the responsible relationship to another person which marriage requires.

The quick, restless ones

Some of the overactive restless children may fit into such a class, too, although they're not at all like Bill. Frank is one of these. He mastered all routine self-care long ago. He's all over the place,

but when he's able to sit still long enough he can accomplish a lot. He may be very uneven in ability with different subjects. He may excel with numbers, for instance, but be a very poor speller. The big problem in teaching Frank is to get hold of his wandering attention, his slippery mind that gets led off into meaningless channels.

Frank's problem isn't dullness or slowness. Frank reacts with equal force to all distractions, those in the room as well as those in his mind. He sees the picture in the book and the page number and the stitching down the middle with equal intensity. The writing on the blackboard and the crack in the blackboard seem equally interesting. He's unable to make use of any one of the many things he sees. So the way Frank is taught is similar to the way Bill is taught in that both need to get on a track. Bill needs plenty of ideas, pushing, speeding up. Frank needs slowing down and to develop the ability to focus on a thing, to shut out the extra things going on outside.

Probably few, if any, cities or counties in our country have been able to set up enough classes to take care of all the children needing them. However, more and more communities are becoming aware of the value of a day school for some of these children and are making efforts to set one up. Much of the value of a day school is social, a place to teach children how to get along with people and how to find satisfaction in work and play. It's almost impossible for a parent to provide this as well at home, no matter how resourceful or patient he is.

Parents realize this so strongly that in many communities they set up their own classes, charging tuition. Rarely can this tuition cover operating cost, making it necessary to depend on outside funds from other interested groups. Often churches and community centers release space unused during day time hours for the classes.

If you want to find out what kinds of classes are available for your child, get in touch with your local superintendent of schools or write to the State Department of Education in your capital city. In many communities you can also get this information from the organization of parents of retarded children, a local chapter of the National Association for Retarded Children, 99 University Place, New York 3, New York.

What do they teach?

The differences in programs for the educable and the trainable child are in degree since each group may have children close to the dividing line. The top of the educable group is a long way from the bottom of the trainable group, however. Within this wide band of

ability, teachers give different emphasis.

1. The more retarded the child, the more immediately useful the teaching.
For example, the trainable child is taught to hang his coat in a certain place. Children in an educable class, however, might be taught much more information about coats—that coats hang in the closet in winter, and are put in mothballs in the summer because of destructive insects. They might learn to tell the difference between wool and cotton, and the purpose for which each fabric is best suited.

2. The more retarded the child, the less the necessity to give reasons why he's being taught a certain thing. More emphasis is placed on teaching habits, how to do a thing most easily time after time.

3. The more retarded a child is, the more supervision he'll always have to have. For the trainable, the teaching is aimed at fitting him for life where others will look out for him, in the family, or in a sheltered environment such as an institution. More possibilities are realistic as we go up the scale, to that of complete independence.

4. For the more retarded no attempt is made to teach skills that lead to reading and arithmetic. Recognizing his name and words necessary for getting around in the world, like MEN and WOMEN, STOP and GO, may be all that a trainable pupil is taught. Perhaps the child eventually would be able to recognize all the letters, and imitatively name written numbers if enough work were put on that. But to spend a lot of valuable time for the sake of knowing the alphabet or how to count is a waste since so many really usable things could be taught instead.

Parents can help

The child who attends a class for trainable children still needs a lot of help from home. It's this way all along, parents continuing to give much extra time and thought.

In the first place it takes special effort just to get the child to school regularly and on time. The distance to travel may be longer than for other children. Fewer children need these classes so they are located in a central place. Some special classes provide transportation. But when this is not available, sometimes it seems as if the effort and time required of the parent to make two round trips daily is too much. Car pools are a partial answer. Sometimes families can hire an older

boy or girl as a companion on the return trip. This is good experience for both. An older brother or sister can often serve. This works well if it's considered a job which the older child is free to quit.

The early morning rush to get started to school is simplified if routines are established early. The child who always dresses before breakfast, for example, instead of playing around in pajamas, has fewer dressing problems when his school life begins.

There are some points about clothing that a parent will want to consider. If other children wear jeans and wash dresses to school, this is appropriate for yours. Look around to see just what is in vogue in your community for children the age of yours. Of course, clothes should be easy to handle, and easy to care for, too.

Teachers are often mothers, too, and can't bear to give finger paint to a little girl dressed up in carefully ironed ruffles, or to set a boy wearing unwashable pants to work at a gardening project. Mark outdoor garments with a name or color or symbol of some sort. Putting on such clothing is a nightmare for the child, and the one helping him, unless buttons are sewed on, zippers work, and galoshes are big enough to come off without a bootjack. Parents and teachers laughingly agree that if they had their way about it, mittens and gloves should be glued on to the child. At least they can be taped and sewed to the coat, hung together on a string, or fastened with clips. And they just might be there when it's time to put them on!

A retarded child who has his father as a companion is most fortunate.

Many teachers want a child to have a change of clothes at school or an extra sweater, which can be substituted for a heavy coat if the day warms up. Often schools like to have outgrown rubbers or coats brought to them for the "spare" closet.

If the school requests an apron or smock, try to find one which really protects against soil. Waterproof garments can be made out of plastic these days. Or daddy's old shirt with the collar removed and sleeves cut short has become a tradition in many schools. This is ample enough to really protect. A dainty tea apron really doesn't help much.

Practice ahead of time

Practice some of the new things which will be asked of your child when he goes to school. Carrying a lunch, for instance, may be new to him. He can practice eating out of a lunch box ahead of time. He can learn how to open and close a thermos bottle, be shown the glass insert and cautioned about breakage, and taught to rinse it out after use. He can learn to use a straw in case milk is served in paper containers. He can be taught that certain parts of the lunch box are always saved, for re-use, and others thrown away. He always disposes of the paper napkin, for instance, but always saves the plastic jar with a tight-fitting lid.

Parents keep close touch

Conferences with the teacher have special value. Most parents eagerly take advantage of the opportunity to talk with the teacher and with other parents. In fact, teachers often comment that the keen interest of parents is one of the most rewarding parts of their work. If parents know what the school is doing, they can deal with the child at home in the same way. Home and school then get together on what they are working on and are asking of the child. At home, parents can extend and enrich the experiences the child is having at school.

Teachers of severely retarded children often need an extra pair of adult hands in the classroom. Parents may be able to help directly in a number of ways. Fathers can demonstrate the kind of work they do for a living, can teach carpentry and shop work (how to fix an electric iron cord, for example), and can help with playground activities.

Mothers often help by taking charge of the children so the teacher can be with others on a special project. Mothers can read stories, help

with music, assist with noon lunches, be a clean-up crew. Both parents will do a better job if they know all the children by name, watch the teacher to pick up her ways of doing things, and consider themselves partners or aides.

What about those ABC's?

Some parents have misunderstandings about the school program. They feel that school is supposed to teach only reading, writing, and arithmetic. If normal children learn 26 letters, they say, then subnormal ones should learn fewer, perhaps only "a". If normal children count to 100, then these should count to 53, or 22, or 3.

This is a narrow way of looking at education. Such parents have to think about their own lives to see what parts of their own education are most important in their adult work. Chances are they'll decide that other things are just as important. Things like getting a job done when it's supposed to be done, getting along well with people, and knowing where to go to find an answer use up much of their time and energy. Mother doesn't use her numbers in a school-book way either. She says, "I can buy a loaf of bread and quart of milk and some soup with this dollar." She knows about what a dollar will buy. She doesn't think of each item at 26 cents, 30 cents, and so on.

Other parents feel that anything other than hard cold facts is a frill, put into the schedule to fill up time or because children like it. They wish the teacher wouldn't spend so much time on art, music, drama, physical education, and talking about things. It's hard to measure the value of these. We can't test this as we can test how many children know 2 + 2. We can recognize as fact, however, the sparkling eyes, rosy cheeks, and absorption in their school work that children show at such times.

These activities give children a way of expressing themselves when language does not keep up with ideas and feelings. They become a bridge between the child and his fellows, and link him with his past and the future. They give zest and joy to living. They provide a basis for appreciation and hobbies in later life.

Some parents don't see the ways the school work is planned so that a child can move forward in keeping with his ability. Getting ready to read is a good example of this. Certain school work is planned specifically to lead up to reading. Educators tell us that all of life experiences are in a way part of this readiness to read. But special work is given long before A's and B's are introduced. Any one child will reach different degrees of complexity with this work. All children start, for example, by learning shapes and forms—big things

first—circles, squares, triangles. Then smaller and smaller, until the child can separate little shapes like letters.

All children have to learn to match things which are alike, and then different, first with grossly different objects and pictures and then later with very small differences, like a "d" and a "b". One child may use this skill to sort out nuts and screws of different sizes; another will apply it in reading and chemistry.

Reading with meaning requires still another dimension. We have to understand what words mean, even after we can puzzle out what the letters say. Many experiences are necessary before words take on meaning. It is not enough, for instance, to be able to see that certain letters spell "DANGER". Danger has to mean "it will hurt me," "handle with care," or "go away somewhere else." Only then do the letters become symbols expressing an action.

Schools, and parents too, have had to discard their old notions of what education for the retarded is all about. They take the child as he is and teach him as much as he can hold of lessons which will be useful to him in living.

THE SCHOOL AGE CHILD GETS AROUND

Although hours spent in school and at home may take up most of the days, the retarded child in middle years may be mature enough to use a rich assortment of outside experiences or special treatment.

Physical needs

The school doctor and nurse enter the medical picture for a child of this age. Handicapping conditions are often detected by school health personnel who can help parents plan where to go for service.

With older children, the success of special tests or examinations may depend upon the child's willingness to accept as a helpful person the doctor or technician doing the laboratory work. If a child has become afraid of doctors and dentists, or if his parent has thoughtlessly threatened him with a shot or needle to get him to behave, it may be practically impossible to do a thorough examination. He can't

be forcibly held down because he's too big and strong. An agile pediatrician could distract the preschool child with a shiny red car. The older child has to voluntarily cooperate.

How a child feels about a doctor, a dentist, nurse or any medical people—and toward pain—is built up all through the years. When a mother soothed and smoothed over early falls and injuries, she also helped the child learn to accept the necessary discomfort of a shot or filling a tooth. The child who has learned that mother doesn't lie to him (by sneaking off and leaving him without saying good-bye after she's led him to believe she'll stay close by, for example), is more apt to accept her words, "It will hurt, but not for long." To tell a child it won't hurt when you know it will, makes the next time tougher.

A retarded child, as all other children, deserves as complete an explanation of what is going to happen to him as you can give. It sometimes helps to play doctor or nurse, showing him how he will open his mouth, how the doctor will peer into his ears, how he'll walk across the room, and so on.

Better use of body

Sometimes retarded children have poor posture, walk with a shuffling gait, fall frequently, or use hands and fingers poorly. The child who continues to be awkward in moving his body may gain rapidly with the help of a physical or occupational therapist. These specialists deal with the training and best use of muscles and teach coordination, particularly as it applies to the activities of daily living. Frequently they are unable to include a retarded child in their program unless there is a physical handicap, cerebral palsy for example. But sometimes they can guide parents, give them ideas, or teach a group of parents at a PTA meeting or association of parents of retarded children.

The therapists use such activities (making a game of them) as going up and down steps, bouncing a ball, skipping, clapping, and moving to rhythm. They train for better use of fingers with clay, bead stringing, peg boards, puzzles, carpentry work, lacing, buttoning. The therapist studies the child's special abilities and weaknesses and devises an individual treatment plan.

Attitudes may need treating

New stresses and strains may make it urgent to find help in understanding or controlling behavior. These tensions may or may not be related to the fact that the child is retarded. The presence of a

retarded child in a family may create problems within the family, too, which become intensified as the child grows older. Such stresses within a family can most effectively be talked over with a social worker. In your own community you can find such help by calling your minister, the welfare department, health department, or ask your doctor or at a hospital.

Everyone needs to play

Finding suitable recreation for the school age retarded child is a big job for parents. A good recreation program for these children takes imagination, resourcefulness, and plain hard work. It's bigger than any one family can handle alone, and has to be the concern of other people in the community, too.

Whether to try to fit a retarded child into a program designed for general use is a question which can't be answered yes or no. It all depends. It may be done successfully with such activities as dancing, music, swimming, weaving, crafts or art work. Games and sports which require knowledge of rules or swift changes from one thing to the next—split second shifts occur when children play together—are often too difficult and result in the retarded child being turned down or left out.

It also depends upon how severely retarded he is and on the individual personality of the child, how much practice he's had with other children, how much he can talk, what special handicaps.

What can we do?

Boy and Girl Scout and Camp Fire programs have been used successfully with retarded children, often on the lower age level of Cubs, Brownies, or Blue Birds. Leaders are often astonished at how much these boys and girls can accomplish together. Belonging to the group, wearing a uniform, the opportunity for personal achievement, tangible rewards for service and work are meaningful to most children.

Often parents themselves have to organize the troop and secure the interest of a trained leader. Just as with average children, the task of managing a group is sometimes too demanding for the parent of one of the children. Furthermore, the children themselves gain a certain satisfaction in working with a new "outside" person. They grow up a little, put on their best behavior.

Community centers, church groups, settlement houses, libraries, YW and YMCA's can become centers for recreation. In rural areas,

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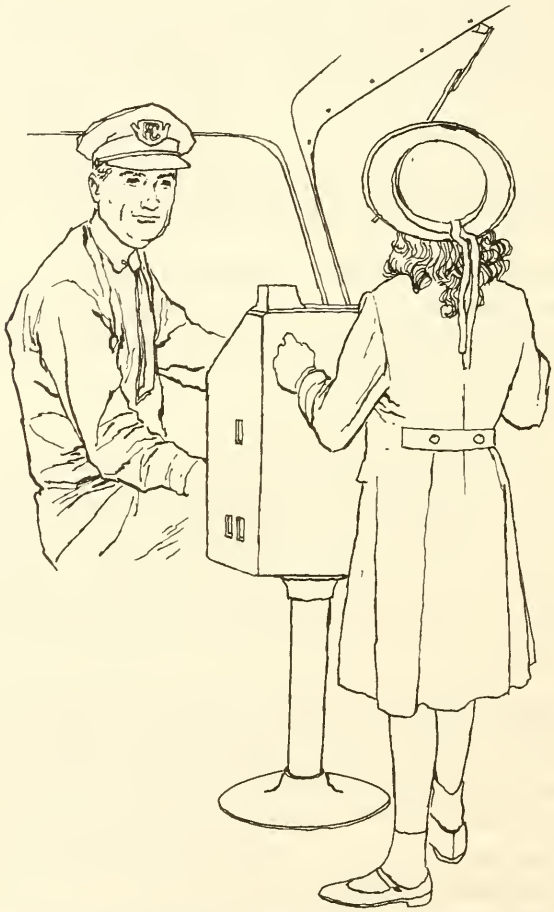
county farm and home demonstration agents help with clubs for boys and girls, Future Farmers, Future Homemakers and 4-H.

All of the good things we prize about camping are precious for the retarded. Camp life, either day or overnight, emphasizes an atmosphere of relaxation—freedom to explore and enjoy sand and water, leaves and bugs, wind and sky, good physical regime, training in use of muscles and senses, and provides time to make friendships. Some retarded children can fit into camp with other children, camps set up for the average child or those for the physically handicapped. For others, a separate program is necessary. Few camps for the retarded only exist today, but the value in camping makes it urgent to plan them. Good camps foster the qualities we work hardest



Any child needs to know a lot of new information as he starts to travel alone.

to give retarded children—cooperation, willingness to do one's share, dependability, pleasure in simple living, joy in nature.

There's a knack to getting around

When a child begins to use recreation programs or travels to school alone, he needs to know many seemingly trivial bits of information. Some of these are so commonplace, we forget to teach them. Some are hard to teach because they seem to require understandings beyond the retarded child. Some are just good habits which take continuous practice to fix.

There are the ways of getting around: how to recognize the right bus, what pieces of money to put in the box, where to sit, how to stop the bus, what a transfer is for, what to do if you get on the wrong bus, where to get off, what to do if someone offers you a ride at the bus stop.

A child needs to know how to use public toilets, which door to go in, how different soap dispensers work, how to flush different fixtures.

There are customs: boys remove hats indoors, girls may keep theirs on, even in church. We say "thank you" and "please" at certain times. We don't put our feet on furniture. Girls keep their knees together. And many others.

There are absolute rules of conduct: we have to pay for things displayed so temptingly at the store. We never touch another's pocketbook.

Handling the body is natural

Masturbation, or rubbing the genitals, occurs with retarded children, just as it does with all other children. Parents may get especially upset when it happens, though. There has been confusion and incorrect belief that retarded people are apt to have queer ways of expressing sexual feeling, are perverts, or commit sex crimes. This is not true. The extent to which a retarded person finds satisfaction in every day tasks and in easy relationships with other people influences how he expresses himself in every way—spiritually, physically, creatively, as well as sexually.

Purposely touching or handling the genitals begins naturally enough for most babies as they explore their bodies. The baby may put his toe in his mouth, rub his knee, touch the genital area as he lies unclothed on the bath table. It's one of many kinds of feelings which the body gives, and it's natural to explore and try this out again. Small amounts of retouching, therefore, can and should be

ignored. If frequent or excessive, this requires some special attention. This subject is discussed fully in a pamphlet called "Some Special Problems of Children Aged 2 to 5 Years" published by the National Association for Mental Health, Inc., 10 Columbus Circle, New York 19, New York. It costs 30 cents.

In brief, in this way, the retarded child doesn't differ from any other child. We know that this won't lead to being "oversexed" or abnormal. Like other behavior of children, we try to learn why it's happening instead of simply stopping it abruptly when we see it going on. There are many approaches to the problem:

We make sure the child has plenty of other things to do and gets satisfaction from other activities. Maybe he doesn't get much fun out of life. Things don't work out the way he wants them to.

We see that he has happy times with playmates and friends. If he always has trouble with other children, is left out or teased a lot, he may turn to himself for solace.

We give him a chance to see differences between boys and girls when he's little. This is part of learning about the world, like learning about egg beaters and trees and puppies and everything else. Later on, we teach him that matters relating to toileting and sex are reserved for private family discussion.

We act slowly and easily. Masturbation doesn't have the special meanings to a child that it has for an adult. When adults can treat it wisely and confidently, it's better for all. If we shame a boy or girl, or fill them with fears, we may stir up trouble.

Facts about sex

Information about sex differences and sex roles becomes essential. Boys need to understand nocturnal emissions, both boys and girls need facts about menstruation. How much information to give, and when to give it, requires the same care and thought to the individual child as for normal children.

Experts in sex education tell us that there is no one right time. From the very beginning we need to give children healthy, wholesome attitudes about their own bodies and the functions of the body. Generally children seem to think about babies and mothers and fathers about the age when they begin to talk. Where babies come from may be discussed as other babies are born to the family. If such natural chances don't come up, it may be talked of as the child reaches maturity sufficient for school.

Information will need to be repeated, talked of again and again,

just as other lessons need repeating. Use direct, simple, clear words. A retarded child is less able to guess, to fill in or interpret from comparisons with animals.

Teaching a retarded girl how to handle sanitary napkins during menstruation is not unlike the teaching which is required for toilet training. The girl who has managed toilet habits well can take care of menstruation comfortably.

ADOLESCENCE

The attention of this manual is directed chiefly toward the younger child and the years when his habits and personality are being formed. These little ones do grow up, however, so it may be of value to look briefly at the more outstanding concerns of the teen-age.

The child's body rushes into the physical changes we expect in adolescence: surge in growth, oiliness of skin and hair, appearance of acne, growth of body hair, lowering of male voices. Along with this comes behavior changes, pulls and struggles, as the youth works to break away from his childish dependency and to establish himself as an independent person.

Much has been written about the conflicts and stresses of adolescence. As parents, we are apt to look ahead to these years with general alarm. And when a child is retarded, parents fear consequences which they aren't even sure they can explain.

Over the years, much of what has been published makes it seem as if the adolescent becomes, miraculously, an entirely different person overnight. It's only when you live with the child that this confusion and fear of the unknown melts away. Those who know adolescence well feel that it's a time with as many assets as liabilities. It's a matter of the bitter with the sweet, of quiet productive moments alternated with furious tempo or being "out of joint" at times.

Such a variety

Your child, as an adolescent, will be himself, a unique individual. This has been said all along in this manual, but differences may seem even more pronounced with increasing age. It's possible that at a

birthday age of 14, he may still be tiny, childlike, easily mistaken for a 6 or 8 year old.

Most children, however, are plunged into the growth spurt which sends them into definite physical maturity, regardless of mental level. One may be tall and muscular, facial hair and cracking voice strangely contrasting with an appealing, trusting, sweet face. In personality we find some withdrawn, shy, untalkative. And others giggly, uncertain, too noisy, too quiet. Just like other adolescents, to be sure.

Abilities vary, too. One may have just reached the stage where he's ready to begin to learn letters or understand numbers. Another may have found emphasis on reading, writing, and arithmetic in school increasingly tedious and drop out, find a job (as messenger, elevator operator, truck loader, cook's helper) and take a place in the community. How easily this happens depends upon the expectations of the child's family and upon the general economic situation.

One common concern

Whether tall or short, retarded or gifted, most teen-agers have one job in common. The adolescent works pretty much full time at trying to establish himself as a person, find out who he is, what he can do. He wants to be with others of his age, test out their feelings, find out what they think. He tends to feel his own parents are pretty old-fashioned, maybe don't understand his problems, or don't know all the answers.

When the adolescent is retarded, he has two conflicting needs: the one to test out and break away, be on his own; and the other for continued close supervision and specific guidance.

His parents are faced with maintaining a delicate balance between giving all the freedom he can handle and supplying all the support he still requires. They find themselves continuously having to stop and think, to weigh any course of action carefully in the light of their own child.

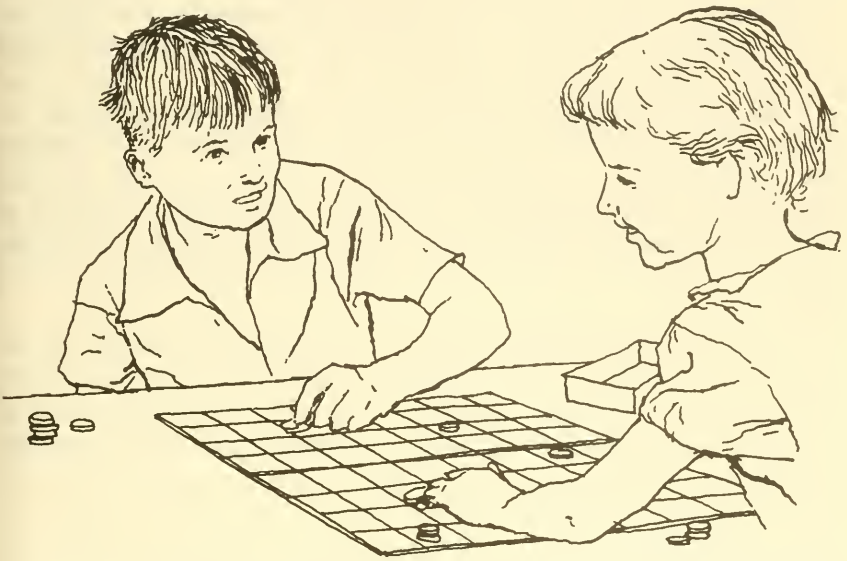
To guide them, we can refer to the same overall goals mentioned before: the work on physical well-being, training for life, and search for ways to foster mental health.

The doctor's part

Of course the adolescent needs regular supervision by a doctor. Careful attention to diet is of great importance, too, for diet influences greatly his general well-being and his resistance to disease as well the tendency to become too fat or too thin. In addition, diet must be

of sufficient quality and quantity that the enormous needs for energy are well filled.

Other medical services outlined for the school child continue to be of value.



Companionship for the retarded often depends on his knowing how to do things.

Training the adolescent

Much can be accomplished in these years. New knowledge, new habits, and new applications of old skills can be effectively taught as the youth begins to see how he can use his knowledge in his life. Mental growth may stop in the late teens, but growth in social "know how" continues.

Some teen-agers are only now ready for learning in a group, for serious school training. Unfortunately, our schools today rarely accept such "old" pupils. A child who has been in school from age 7 or 9 can continue; those just mature enough to start at 12 or 14 may be excluded as too old, too far behind.

When this happens, it may be necessary to wait until a child reaches a somewhat older age and becomes eligible for occupational training or a sheltered workshop where young adults are taught to

do useful work and may be paid for services done at the center. Workshops vary in the age for enrollment; 16 is probably average. Parents usually pay a monthly tuition during the training period.

Psychological testing may be done, or repeated, at adolescence as a basis for next steps in planning. The psychologist's work can be used to verify the results of earlier tests, pick up strengths and abilities, spot stresses or characteristics of personality growth.

Vocational counseling and guidance is becoming available for the retarded, often through the efforts of parents who have pioneered in small programs in certain communities.

Some become eligible for the service of the state vocational rehabilitation agency. To be eligible, the retarded must be of employable age, and have a reasonably good chance of being able to do a job. You can get in touch with the office in your state by writing to your state capital. Vocational rehabilitation workshops and occupational training centers as a demonstration have been set up in some states.

Vocational specialists tell us again and again that specific training for a job is less important than attitudes toward work—manners, responsibility, cleanliness, and so on. These traits influence success on a job more than mental ability. And these traits are most often the result of long years of home training.

The mentally healthy adolescent

Retarded children have feelings. They feel success, pleasure, pain, jealousy, rejection. And, just as normal teen-agers, they may overreact. We can understand the enormity of the problem faced by these children when we recall our own reactions at times when we fail to measure up, look foolish, feel awkward or lost. A person backed up by years of experiences which build up his self-esteem can find wholesome, healthy ways to handle such a crisis. If he's never tasted the sureness of "I belong" or "I am worthwhile" he is less well equipped to weather disappointments and rebuffs.

Ample recreation and leisure time outlets contribute greatly to the mental health of the adolescent. Just as other adolescents do, the retarded seeks to be like others and to be accepted by them. At this age, they want to do things together, belong to a club, be a "member," have dates, go steady. The nature of the program is less important than being together.

Sometimes children who were able to participate in general activities up to this point find that they get along better with special activities for retarded youth. Adolescent friendships are often based

on severe and rigid standards of what is OK, who rates.

How can you talk about retardation to a retarded adolescent? Parents often worry about this, avoid and evade talking it over, even when they can discuss it freely with outsiders. Frequently the child himself is unable to ask the right questions, may not have enough language to phrase such a query, so the parent isn't directly confronted by the youth himself. Yet parents know he is wondering. A question may be indirect, such as "When can I drive a car like (younger brother) Tommy?" He really means, "What's the matter with me?"

When directly questioned about lack of ability, a parent may become evasive. "Well, you had so many operations and were in the hospital when the others started to school." A physical defect such as poor vision, which is not sufficient to explain mental deficiency, is sometimes used as an excuse. Others counter with "Oh, Sally, we like you just as you are."

If parents still secretly believe that something will eventually be discovered to make the child "all right" they tend to duck a forthright admission that differences do and will exist. "Postpone it, until it goes away" is again the hope. Of course not all children have sufficient insight to see differences in the same way that others do. They may think of themselves as the youngest in the family who will eventually grow up. But for those who constantly compare themselves to others, an honest discussion of the mental deficiency in the most simple and truthful words possible seems to relieve both the parent and the child.

For example, "You are one of my children, but you were born different in some ways. No one knows why this happened. It does happen, often, though. People say you are retarded. This means that it takes you longer to figure things out. You have to think longer. When you and Timmy play ball, you can't keep score as fast as he can. You can't run as fast as the other kids, either. You can do many things real well, and we count on you to help. You take care of your room, you work with Tim on his paper route, you always tell us where you're going."

At a later time, the parent might want to take up other questions. "Now you probably won't ever be able to drive a car. This takes fast thinking. You have to read signs in a hurry . . ." and so on.

Discussion of this kind can open the door to frank talks about work and the future. One boy may dream of being a doctor, talk about it often. His parents indulgently smile, vaguely encourage him in this aspiration. If they could be realistic in talking with the boy, together they might work out a goal which is entirely possible. Wash-

ing test tubes in a laboratory, serving as a laundry helper in a hospital, and dozens of other jobs in a medical setting might be available to him.

A young adult woman in an occupational training center shyly told her director that she wanted to be a teacher. Instead of gently accepting this, the director helped her think about other jobs she might like, pointing out the skills she had which might fit into her work. In the end, the young woman decided she'd like to be a helper in a beauty shop. There she had a dream which could come true.

Unless retardation is discussed in some way, the child is apt to link up his defect with feelings that he's done something wrong. He solves the situation somehow, probably decides it's a punishment for whatever he's learned to call "bad" in his thoughts and deeds. He may blame himself for his condition. And he is unable to make reality and his dreams meet. In many ways, it's like the reaction of a child who is physically handicapped or chronically ill.

Social outlets with the other sex

Parents of all adolescents struggle to find middle ground in their actions and feelings about how and when boys and girls get together. When there is retardation, parents are even more deeply concerned since they fear the consequences of adult sexual drives with youths who are still children in judgment, knowledge, and ability to control. They may also fear that their own child may be taken advantage of by others. It is important to recognize that responsible parents of all teen-agers have these same fears, at the same time accepting the fact that the problem may be even greater for the retarded.

There are many retarded teen-agers who do not seek or desire intimacy, who are interested in others but without sexual attraction as a factor. They continue to select friends from their own sex. Others may closely match the normal adolescent in awakened interest in those of the opposite sex. For these our job as parents and citizens must be to help provide acceptable outlets for sexual desires, to channel energy into other activities, and to help the adolescent control his own actions. In many cases, this amounts to a continued need to supervise and watch over.

In large part, the child will react to this control much as he does to authority in other spheres of his life. He will be more or less aggressive in sexual expression, just as he is at other times. Or he'll be compliant and cooperative as he is with schooling, home training, or other activities.

Teen-agers want rules of conduct and etiquette. They make up their own if society doesn't make them clear and meaningful. Even though movies and magazines show extremes of behavior, today's teen-ager searches for rules which tell him what to do, what is right. Lessons can be given in the simplest things: how to behave at a dance, to introduce people, to use the telephone, to hold a girl's coat, and so on.

This "know-how" increases the comfort and ease of the adolescent as he begins to want relationships with the opposite sex. Free from anxiety about how to behave socially, he's less apt to solve his tensions in unacceptable ways or break off into two-somes, both of whom feel left out and ill at ease.

Specific teaching in use of make-up, hair styles, and good grooming is of enormous importance to girls. If they feel attractive and poised, they don't have to seek the attention of boys in extravagant behavior or secret ways.

Other answers

Psychiatric counselling may be of importance to both parent and child in understanding problems of adolescence. While primary efforts are centered on avoiding conflicts and distortions which lead to personality crises at adolescence, much can be done to unravel problems which do exist. These are often created by the lack of welcome which

Parents no longer feel so alone when they get together to discuss their problems.

the community offers. Not always is home the source of difficulty, nor can home alone solve it all.

The adolescent tendency to identify with someone outside of the family—a hero or model—can give the retarded a source of strength and gratification. Frequently this model is a teacher or neighbor, or a baseball hero or T.V. star may serve. The ideal of manliness, goodness, or beauty represented by this person can broaden the child's outlook, give him goals which everyday life may not have supplied.

Religious expression—through church or synogogue—may give the adolescent a source of strength and a sense of belonging. Here is one institution which embraces all of mankind, regardless of ability or accomplishment. In addition to giving instruction in religious principles, the church can become an organization in which the retarded adolescent can participate, in music or service, can fulfill the requirements of membership, and can find answers to some of his deepest questions.

SUGGESTED TOYS AND EQUIPMENT FOR HOME PLAY

At first

Buttons on a strong string.

Rattles, plastic discs on a chain.

Bells.

Keys on a chain.

One or two soft cuddly animals. Children vary widely in their interest in these. Some never touch them. Avoid those which cannot be washed without losing their personality.

Cellophane or waxed paper.

Nested plastic cubes or smooth edged tin cans that fit inside each other.

Large ball.

Balloons.

Metal cars.

Bath toys, anything that floats.

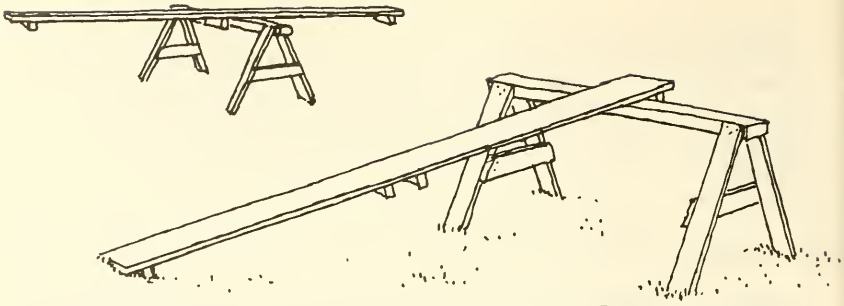
Floor train.
Spoons, pie plate, scoop.
Pan with lid. Avoid those with long pointed handles.
Clothespins. Old fashioned wooden ones without springs.
Muffin tin. Find sink stoppers that fit the openings.
Spools.

For outdoor fun

Sand and sandbox accessories like sturdy shovels, pans, painted cans.
Water (in season).
Things to climb on:
a pile of logs safely chained together to prevent rolling.
ladder.
rope ladder or knotted rope hung from a branch.
climbing frame.
Big boxes to push and load, to stack and climb into.
Boards to use between the boxes, to walk along, to slide down.
Sawhorses to use with the boards (cleat the end of the board).
Balls.
Wheeled toys:
wagon, scooter, box with wheels.
Much later comes the tricycle.
Barrel.
Sturdy gardening tools:
fox-hole shovel, rake, trowel (and a place to dig).
Tire to roll and step inside, or a tire swing.
Wheelbarrow.
Climbing bar.
Roller skates.
Rope.
Length of hose (for playing fireman).
Blanket for tent.

As the child grows

Washable, unbreakable doll.
Blocks, the larger the better.
Cars, trucks, trains, boats.
Wooden people and animals that stand alone.
Puzzles.
One or two piece puzzles at first, preferably whole pictures.



Boards cleated for safety can be used outdoors for a variety of games.

Later the puzzle pieces may be parts of the whole, and include up to 20 pieces.

Large beads for stringing.

Shoe lace with tip dipped in glue or nail polish to give it firmness for insertion into the bead. Make the stiff tip at least 2 inches long.

Toy telephones (takes two for conversations).

Housekeeping equipment:

broom, dustpan, mop, unbreakable large dishes and pans, egg beater, measuring cups of metal or plastic.

Blunt scissors, sharp enough to cut paper well.

Hammer and peg set.

Colorful magazines and catalogues.

Bean bags, balls, balloons.

Rubber horseshoes for throwing. Rings of rope can be thrown, too.

Puzzle box, using different kinds of door openings.

Nested cubes, cans or boxes.

Blackboard and chalk.

Can be made from masonite or framed linoleum, or paint plyboard with blackboard paint or flat black.

Musical instruments:

Bells, xylophone, drums (which can be easily homemode). Use wooden kitchen spoon for drumstick. "Sweet potato" or tonette, plastic recorder.

A sturdy record player and unbreakable records. Listen care-

fully to the records you select for you'll be hearing them over and over again! Good standbys are folk melodies, rhythm songs and popular songs with simple orchestration and a clear beat.

Harmonica.

Music boxes.

An autoharp for a child especially interested in music. This is fairly expensive but has lifetime possibilities. The parent will have to tune it frequently.

Some books which can be handled freely more or less as toys. Some books which are special and are used only with supervision. The children's section at your library is a good source. The librarian can help you find delightful books just right for your child. In rural areas, investigate the traveling library.

For older children

For older children some materials lend themselves to a variety of uses over a wide range of age and ability.

1. Water is a play material. You might have a wading pool. If not, children can use water in a dishpan, large tub, bucket, or fine sidewalk puddle. It is fun to paint with water outdoors on the sidewalk, steps, or porch. Since they wear out, buy cheap one-inch wide brushes. A can with a string handle is useful to hold the water.

Soap bubbles are a fine addition to water. At first children splash the bubbles around, and pour soapy solution from one cup to another. Later soap bubbles can be made from a solution of 1 tablespoon liquid detergent to a cup of water. Plastic straws or empty spools can be used if no soap bubble pipes are handy.

2. Paper has many uses. Large unprinted newsprint can be bought at some toy stores or newspaper printing plants. Usually it is very cheap. Printed newspaper works fine for many purposes, too. Paint, crayon or chalk show up well on brown wrapping paper. Open up large grocery sacks or dry cleaner bags. Save colorful bits of paper from gift wrapping (save the ribbons too), Christmas cards, or grocery packages.

3. Paint. Tempera lends itself to more uses than the small paint boxes with little cakes of paint. You can get tempera dry (powdered) by the pound or already mixed with water in pints or quarts. It is cheaper in dry form. In a small jar or other container mix it by adding a small amount of water to the powdered paint and stir with

the paint brush. The child can help. One part of paint to one of water results in a good strong color. More water makes a paler color. Paint mixed up at home tends to mold eventually. Add a few drops of oil of cloves if you want to keep it longer.

Buy large brushes, a number 10 (1 inch wide) or larger. Painting can also be done with rubber sponges cut into one inch cubes which the child holds in his hands. Some paint always spills, so place a generous layer of newspapers under all before you start. This paint washes out of clothes. Red sometimes stains the hands a little. It can be used to paint on wood, clay, or paper.

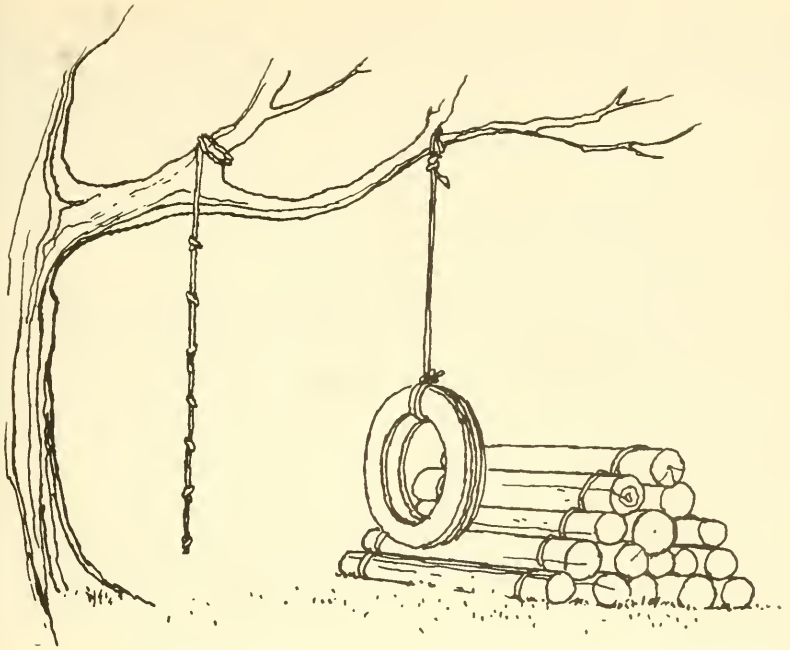
An easel to hold paper is useful. This can be homemade. It is better to have the child stand at an easel as he paints (it gives freer movement) so plan the height of the paper accordingly. However, paper can also be spread on a low table or the floor. Put the paint in a muffin tin or flat, broad based container which does not tip over readily. Cut the top off a milk or cream carton to make a disposable paint container.

Many children (and adults) enjoy finger painting, that is using paint directly with the hands. Finger paint can be purchased, but can be made more cheaply at home. Add the tempera (either dry or already mixed) to starch or some other carrier. To make more pastel shades, use kitchen food colors instead of paint.

You may want special paper for finger painting. It has a hard glossy surface that doesn't flake off as the child scrubs. Shelf paper, butcher paper or freezing wrapping paper are cheaper and work well. Oilcloth or linoleum are excellent surfaces and can be wiped clean afterwards. For quick mixing for a few paintings:

> Put a tablespoon of prepared laundry starch directly on the paper. Add a teaspoon or so of color. Add a little liquid soap to increase the flowing quality of the mix.
>
> *or*
>
> Use wallpaper paste. Mix according to the directions on the package. Add the paste to measured amount of water. If you reverse this, adding water to the paste, it results in hopeless lumps. Add color and a little soap if desired. You may need a few drops of water, or wet the paper first.
>
> For a larger quantity:
> Boil together 1½ cups laundry starch and 1 quart water until clear and glossy looking. Let cool a little. Add 1½ cups soap flakes. Pour into jars with screw tops. Add ½ tablespoon of tempera powder or easel paint of desired color to each. Add oil of cloves if you wish to keep the paint several days or weeks.

4. Clay. Two kinds of clay are used. One is the type which hardens eventually or which can be baked in a kiln for ceramic products. This may be bought either in powdered form or already mixed



Simple devices sometimes prove more fun than expensive, complicated equipment.

with water. In some localities, it can be dug directly from a bank of the earth. This form of clay can be kept moist enough for young children to handle easily. It's cheap, the coarser grades costing usually from 5 to 10 cents a pound at an art shop or commercial pottery. It should be stored in a tightly covered non-rusting container (earthenware crock, galvanized can or honey pail) or plastic bag which has a zipper. If it dries out, sprinkle some water on it.

Plasticene is clay mixed with oil to prevent it from hardening. It becomes very firm in cold weather and is hard for small hands to manipulate. Warm it a bit with your hands, or place it near a radiator to soften. Plasticene stains floors or furniture if left for a time. It comes in many colors. This form of clay is more expensive.

Children enjoy squeezing, rolling, pounding clay. Later they may enjoy having some tools to work with—tongue depressor, nails, sucker sticks, plastic knives or forks.

Spread the floor with newspapers to catch bits of clay. It is useful to have a heavy plastic place mat, a wooden rolling board, a piece of linoleum or asphalt tile to work on. An apron or coverall is advised.

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5. Dough. Home-made play dough is similar to clay. It is cleaner, and can always be tossed together when needed. This material encourages kitchen type of play, and is fun to use with rolling pins and cookie cutters. Thoroughly mix 1 cup flour, 1 cup salt, 7/8 to 1 cup water. To make tinted dough add food coloring to the water. The salt is a preservative, so the dough can be kept indefinitely in the refrigerator. It needs to be tightly covered or kept in a plastic bag to prevent a hard crust.

6. Large pencils, crayons, chalk. Select the large "kindergarten" size since these are easier to get hold of and do not break easily. Colored chalk is interesting, but it smears on clothes and hands. Chalk lines can be drawn on the sidewalk or some indoor floors to play simple games. For example, the child can jump over a chalk line drawn in a hall.

7. Things that grow are fun. Carrot tops, avocado seeds, pineapple tops and others grow in water. Quick sprouting seeds can be planted in shallow earth or sponge moistened with water. Birdseed, grass seed, beans are satisfying.

8. Boxes and containers. All kinds have play possibilities. Several cigar boxes can be hooked together with screen-door hooks and eyes to make a little train. Typewriter ribbon containers make fine noisemakers. Add paper clips, gravel or dried peas or anything around, tape the box shut. Save empty cleanser cans, powder boxes, cigarette packages with flip lids or sliding inserts, oatmeal boxes (to roll) egg cartons, cereal boxes, metal containers for flour and sugar with tight fitting lids. Large cartons big enough for children to crawl in and out of are enjoyed by all ages.

9. Save old adult clothing for "dressup." Even children who have trouble dressing themselves can still have fun dressing up in ladies' hats, shoes, dresses and daddy's hat, neckties, vest, shoes. Collect scarves, jewelry, a small suitcase, flowers, ribbons, pieces of silk, fur, nylon, old curtains. Into an old handbag, tuck a comb, small boxes, used playing cards and other interesting items.

10. Simple hand puppets can be constructed from odd bits of cloth. The base for the puppet's head can be some firm shape such as an inch or two of paper tubing from paper towels or toilet tissue. Paint a face on this, or cover it with cloth and then sew nose and eyes and mouth of buttons or felt. Sew or glue cloth to this to make a dress to cover the child's hand. Allow for two sleeves. The child then

places the first finger in the head, and thumb and middle finger in the sleeves, wiggling his hands to make the puppet move and talk. Much more complicated puppets can be made of papier mache and other materials, painted to represent animals, clowns and people. Puppets often help children to talk.

11. Save assorted scraps of cloth to use in sewing. It's wise to select needles with very large eyes and start out using yarn instead of thread. Sewing cards can be made at home by pasting a picture onto carboard or thin plywood. Punch or drill holes every half inch or so around the picture. The child outlines this with yarn by sewing in and out. At first he will cross over and around, but the beginnings of sewing will have been started.

12. Carpentry equipment. In early years children enjoy pounding with wooden mallets. Toys which require pounding are popular. A young child enjoys pounding nails into a large cake of soap with a tack hammer. Next he can pound into beaver board or into a log. A child who has enough control of his muscles to feed and dress himself can have a great deal of fun with carpentry tools. He may need careful supervision, though. In selecting tools for children, consider the same factors as in selecting tools for adult use. The small child-size imitations rarely are actully useful. They add to a child's frustrations just as poor tools do for the adult workman. Start with a hammer of one pound or more, nails with large heads such as shingle nails, and soft lumber. Pine is excellent. If the hammer handle is too long it can be sawed off a few inches. Scrap lumber is often obtained free or very cheaply from a lumber yard or mill. Mill scraps are of varied and interesting shapes. Save milk bottle or pop bottle tops for wheels. Other odds and ends of hardware can be used in construction. Metal protectors for chair legs, for example, make fine car headlights. However, actual construction at the work table may not come until the child is much older. The activity with tools is valuable in itself.

Children soon get ready to use pliers and sandpaper. Later on a saw can be safely added. Teach the child to always use the saw with a vise or C clamp. Purchase an adult quality saw of small size, such as a hack saw. A screwdriver can be handled next. A coping saw requires a degree of coordination rarely present before adolescence.

From the beginning teach the child to use tools only on a proper work surface. This can of course be any old table or wooden chair sturdy enough to pound on. Proper care of tools includes replacing them when work is finished.

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children's bureau publication no. 374—1959

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